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LEADING ARTICLES

TREATMENT OF OTITIS MEDIA ACUTE.

J. C. BUCKWALTER, M. D.

ST. LOUIS.

ACUTE OTITIS MEDIA is manifested subjectively by one or all of the following symptoms: pain, muco- or purulent discharge in the auditory canal, impaired hearing, tinnitis aurium, stuffiness and fullness in the ears and autophony.

Acute otitis media accompanied with pain is apparently more common among infants and children than adults. This can probably be explained by the fact the nasal and naso-pharyngeal lumens are proportionately smaller than in adults, being more profusely supplied with lymphoid tissue, hence more readily subject to rapid congestion from external or atmospheric changes and by subjective influences. The mouths of the eustachian tubes are situated usually one-fourth to one-half inch posterior and above the posterior end of the inferior turbinate bodies and on the lateral wall of the upper end of the naso-pharyngeal space. The naso-pharyngeal space, in children, is redundant with lymphoid tissue; when the tissue is exuberant the condition is pathologic and we have the so-called adenoids. Subjects with adenoids are prone to otitis media, especially manifested by earache and discharge.

Muco or purulent discharge in the auditory canal frequently follows acute inflammation in the middle ear. Discharge indicates the first stages of inflammation is past and Nature has provided by spontaneous rupture of the drum head, a ready means to give vent to the pent-up products of inflammation.

Impaired hearing varies from slight impairment to profound deafness.

Tinnitus aurium is frequently the most troublesome complaint noted by the patient, especially in older individuals. The sounds vary in intensity and in character. The noise may be pumping, throbbing, whistling, clicking, crackling, gurgling, steam exhaust, etc.

Fullness and stuffiness in the ears creates a desire to pick and bore the ears with the fingers.

Autophony in which the patient's voice sounds unusually loud to himself, as if he were talking into barrel, is a common complaint among adults.

Otitis media is manifested objectively by different pictures. On inspection the auditory canal may be red, swollen, and the lumen swollen so much as to make it difficult to view the drum. The drum membrane may be hyperemic, red and injected, the upper area or Schrapnell's membrane may be congested and bulging, as likewise may be also the whole drum membrane. The bulging membrane may pulsate, and if spontaneous rupture of the drum has occurred the pulsation is transmitted to the exudate. Instances have been noted in which the drum membrane is retracted and abnormally pale and the handle of the malleus foreshortened.

Causes.—Regarding the causes of otitis media acute, there may be some predisposing factor, namely, spurs and ridges on the septum, deflected septum, hypertrophic rhinitis and hypertrophy of the posterior inferior turbinate bodies, naso-pharyngitis and adenoids.

A dormant condition may thus exist which needs only a cold to start the flame. Undoubtedly, individuals with one or both nostrils obstructed frequently by forceful blowing the nose, force into the middle ears through the eustachian tubes purulent secretions and precipitate otitis media.

*Read before the North St. Louis Medical Society, March 10, 1908.

Invariably when we see a patient with otitis media acute there is evidence of an incipient rhinitis, or of a pre-existing rhinitis, naso-pharyngitis or pharyngitis which may have accompanied or followed grippe, or any one of the acute infectious diseases, in which the mucous membrane lining the nose and throat is invariably involved.

Treatment.—The lining membrane of the eustachian tubes and the middle ear cavities is practically an extension by contiguity of the membrane's lining the upper air passages. Inflammation and congestion of the latter may extend to the tubes and middle ear to a more or less degree by continuity. Since the proximity and intimate connection between the auditory apparatus and the nose and throat is evident, it seems logical in the treatment of otitis media special stress be directed to reducing congestion and inflammation in the nose and naso-pharnyx and holding the congestion in control as far as possible, and thus hasten rapid subsidence of ear symptoms.

It is my custom to apply by means of a cotton carrier or spray 2 per cent solution cocain, this is followed by application of adrin, adnephrin, or adrenalin, some one of the suprarenal gland solutions which depletes the engorged mucous membranes, however the effect is temporary, but may be prolonged by astringent nebula and some heavy oily camphor-menthol solution, preferably oil vasenol comp. The patient is directed to instill in the nostrils oil vasenol comp. every hour or so.

During the early stages of otitis media acute it is conservative treatment not to practice inflation. Ordinarily, do not inflate until the nasal and naso-pharyngeal congestion has lessened. I have observed some troublesome complications arise from early inflation.

Various symptoms are encountered and must be treated as circumstances may dictate. No dogmatic rule can be laid to meet existing conditions. Conservative treatment should be the uppermost thought.

Frequently a thorough evacuation of the intestinal tract is indicated to clear up auto-intoxication. Fever, which frequently goes up to 104 or over must be combated.

Pain or earache, which is sometimes excessive, calls for internal administrations and local applications. For pain internally I prefer codeine sulph. $\frac{1}{2}$ to $\frac{3}{4}$ grain every two hours.

Locally, hot applications are most grateful, either moist hot pads or dry hot hop. salt or water bag. The instillation into the auditory canal hot water, hot oil or douching with stream of hot water from a fountain syringe suspended one or two feet above the head. For a nozzle I use the medicine dropper barrel inserted in the rubber tubing.

Indications for incising the drum membrane is noted when the membrane seems to be pressed outward by pent-up fluid. By liberal incision pain is frequently greatly relieved.

The discharging ear is probably best treated by the dry method. The ear is first cleansed with some antiseptic solution applied with a cotton carrier, thoroughly dried and some one of the drying powders as boracic acid, xeriform, vioform, etc., insuflated. If the discharge is excessive drainage by the gauze wick hastens the drying and absorbing process.

Perforations of the drum usually close spontaneously when made by the surgeon. When the membrane ruptures the perforation does not always close kindly, however, if the inflammation rapidly subsides and the ear is kept dry and thoroughly cleansed the tear usually closes.

The tinnitus aurium, impaired hearing and autophony may require a course of inflation by Politzeration, Pynchon's inhaler or by catheterization. Precautions should be taken not to use to great air pressure, eighteen to twenty pounds suffices, and not commence inflation before the acute inflammation has subsided.

309 Century Building.

Our Rights.—Let us constitute a kicking society from Maine to California and insist on clean streets, clean houses, clean public buildings, and clean cars. Let it be recognized as a grave offense and an insult to force a neighbor to inhale myriads of pathogenic germs. The primary inviolable right of every man is to pure air and pure water and sunlight when the sun is shining. See, my brethren, that he is not robbed of his rights. —Howard A. Keelly, M. D.

A New Tuberculosis Sanitarium.—The Kentucky Senate, March 10, passed unanimously a bill providing for a non-partisan board of control, two Democrats and two Republicans, to manage the State asylums, the present three members of the board to serve out their terms. The bill appropriating $75,000 to establish a State tuberculosis sanatorium also passed the Senate with an amendment by Senator Walker providing that the commission must examine Keomi Zoo Springs in Boone County, with a view of purchasing it for the sanatorium.

GLIMPSES OF EARLY ST. LOUIS MEDICAL HISTORY.*

W. B. OUTTEN, M. D.

ST. LOUIS.

LIFE would indeed be bleak, barren and a punishment, without the power to review the past. While the present is life's exponent, the glowing, stinging part of life, still the past, in strongest feeling, lives in the owing present. If a thousand years be but behind a man's past, he can only know and feel them again in the living present.

Splendid and satisfying are the words of Bulwer Lytton when he says:

"Tell us not that the past examined by cold philosophy was no better and no loftier than the present. It is not thus seen by pure and generous eyes. Let the past perish when it ceases to reflect on the magic mirror, the beautiful romance which is its noblest reality, though perchance, but the shadow of delusion."

So when I review the past history of St. Louis as I know it, there comes an unimpeded energy of thought and and enthusiasm When I bring to mind the members of the medical profession years ago as I knew them, my enthusiasm becomes self-controlled and serene, for experience in life has taught me that I am incompetent to rightly judge of what God has made, and charity and love are eternal debts of man to life and God.

In the few last years of the fifties and the beginning of the sixties, St. Louis certainly possessed many strong, marked and progressive men in its medical profession True, some of them had the incorrigibility of weakness, but there were some as mighty thewed as Sampson and broad-breasted as twin gates of brass, and as big-brained as the Genius. It may be that time has lent a little romantic delusion to my views, but to me even now, as then, that many were strong, worthy, commanding and competent.

St. Louis up to 1860 had been the great gateway through which many of the strong, brave and rugged settlers of the far West had passed. Hearty, intense and unbeatable creatures. Energy -filled environs of St. Louis. It was the great medium of communication for a line of steamboats up the Mississippi and Missouri rivers, as far north and west as Omaha, St. Paul and Yankton. These boats plied not only the Missouri and Mississippi rivers, but the Ohio, Cumberland Tennessee, and Allegheny. She was the great headquarters of the South and the distributing point for the West and Southwest. St. Louis became the home of strong, enterprising and progressive men. It can be truthfully said that in the years before mentioned St. Louis was the most progressive medical center west of Philadelphia and New York. The medical graduates from her colleges were found in all northernwest, northwest, south and southwest states. Until the Civil War broke out no city in the Union had given evidence of more progress, none had a more promising future.

Time will not permit me to speak of all of the strong and reputable physicians whom I knew, either as a boy or in after years as a medical practitioner.

Scharf says: "In looking over the biographical sketches of a considerable number of her eminent living and dead practitioners of medicine in St. Louis, one will be struck with the large number of those who came to St. Louis in the course of a few years, from 1840 to 1845. Among them was Drs. McDowell, McPheeters, C.W Stevens, S. G. Moses, J. B. Johnson, Geo. Johnson, John S. Moore. M. M. Pallen, M. L. Linton and Wislezenus. All of whom have left the impress of their mind and character upon the profession by their work as lecturers or as men of science.'

I shall only speak of a few of the most important and prominent medical men of St. Louis in the last forty years.

DR. JOSEPH NASH MCDOWELL.

This man of strong, heaven erected face
Let smiles and frowns their wanton humor trace;
He, a chaos of worth and whims all confused,
A man of talent, gifted in eloquence and abuse,
High lord of climax, slave of superstition's thrall,
At times to him man was angel; again, he was the diel and all.
Harsh. prejudiced judge, in fabrics of error unfurled,
Who combated everything and profanely damned the world.

I will never forget the first time I ever saw Dr. McDowell in close quarters. It was in the year 1859 when a student at the Christian Brothers' Academy, which was then adjoining Dr. McDowell's College. He was celebrating George Washington's birthday, the 22d of February. At the North end of the Christian Brothers' Academy there was a level place and part of the bank of the south sidef of Mill Creek. He and his medical students had brought out two pieces of brass cannon and put them on improvised gun carriages, probably better called saw-bucks. There was Dr. McDowell in full military apparel. He had on a three-cornered military revolutionary hat, with a rooster feather in it, a big sword was buckled around his waist, a blue-swallow tailed coat with brass buttons, and blue pants completed his apparel. He was in full zeet and glory and patriotic fervor. He beat the limpid air there about in shreds, as he said. "he made Rome howl and howl." All during the firing of the can-

*Read before the St. Louis Medical Ssciety, March 7, 1908.

non there was Brother Jasper, Brother Alex. and other Brothers, eagerly huddling the students together in the play-hall, to keep them out of danger, and no doubt silently praying that the cannon would not burst and kill some one; I do not know who dreaded Dr. McDowell the more, the young students of the Christian Brothers' Academy or the Brothers. We students looked upon Dr. McDowell as a dangerous and evil man, and we had been brought to believe that the doctor was in league in some manner with his Most Satanic Majesty, and if close search would be made about his premises there could have been found a direct passage way between Dr. McDowell and the nether region of Hades. It was a sure thing that the young students of the academy and the colored people of the town could not be hired, driven or begged to go within five blocks of the McDowell College at night, while many of the Brothers of the academy viewed the doctor in this light he was roughly complimentary of them, because I have hard him aver that these "buck nuns" (for such was his name for them), were fine teachers. Quoth he,

"Big bucks wearing the sombre livery of a nun
No sooner bead a prayer than another is begun."

Dr. Joseph Nash McDowell was born in 1805, and came to St. Louis in 1840, from Cincinnati, where he had been associated in the Cincinnati Medical College with Dr. Drake, Gross and other distinguished men he had no sooner arrived in St. Louis when he set to work with enthusiasm and unceasing industry, to organize a faculty of medicine. He worked under the charter of the Kemper College and his college was then known as the Medical Department of the Kemper College, but as we know, was changed to the name of the Missouri Medical College.

The first course of lectures was delivered in the winter of 1840 and '41, by the following faculty:

Joseph Nash McDowell, Professor of Anatomy and Surgery.
John S. Moore, Professor of Obstetrics and Diseases of Women and Children.
Josephus W. Hall, Professor of Theory and Practice of Medicine.
John DeWolff, Professor of Chemistry.
Hiram L. Prout, Professor of Materia Medica and Therapeutics.

Dr. McDowell soon became known throughout the West and Southwest. He was an unusually fluent and eloquent speaker, a natural orator and possessed to a pre-eminent degree that rare and wonderful power of adapting himself to any and all kinds of audiences. He literally revelled in antitheses and climax and as a vivid word-picturer few could equal him. A perfect master of invective and ridicule, never at a loss to entertain any company, he might be thrown into. Backed by a fund of inexhaustible anecdotes he made parable and anecdote quaint comparison an effective means to stimulate and fix in the memory of his students. It is said that in his medical lectures that he had a story for almost every bone, muscle and nerve in the human body. He was proverbially improvident and careless. He always found it more difficult to keep than to get, for while fortune often indeed aided him a lack of fore-thought as quickly undid him. Like Count Basil's man, "Luck might have made him rise to the height of wealth, but it was a surety that poor judgment would roll him head over heels to the bottom of want."

It is said in his early years of residence in St. Louis, he delivered a number of acrid lectures against Jesuitism, because, as was claimed, that the Jesuit Fathers of the St. Louis University had allowed a rival medical school (the St. Louis Medical College) to organize under the charter of their college. After the delivery of the lectures the doctor became so impressed that his life was constantly in danger that he made and wore a brass breast-plate, and always thereafter carried arms.

Dr. McDowell had so constructed his college buidling as to be a formidable fortress, and his residence on the opposite corner was also planned to resist an assault. Any one who had ever seen this huge, octogon shaped stone building, could readily see that it had been built on such lines. He had early conceived a plan to go across the plains and capture upper California. With this in view he bought from the United States government for $2.50 each, 1400 discarded muskets, which were were stored in his house and in the basement of the college. Through determination, patience and diligence he got hold of quantities of old brass, and with this and the college bell he was enabled to have melted up and casted into six cannon. This proposed expedition to Upper California was to be accomplished by persuading his graduates and others to accompany him. It is said that several hundred graduates and young men had promised to accompany him.

Among many of the strange, strange fancies, which filled Dr. McDowell's mind, was one particularly strange, regarding the disposal of the dead. The late Dr. Chas. W. Stevens, has related to me how shortly after his arrival in St. Louis he attended the burial of one of Dr. McDowell's children. The coffin was lined with tin; then after the body of the child was placed in this tin-lined coffin, it was filled with alcohol and hermetically sealed. The doctor afterwards used for a coffin a copper vase, shaped like a diploma

case, which was filled with alcohol. The following was the ceremony carried out after the death of two of Dr. McDowell's children: They were put in these copper and alcohol-filled vases and the students of the college went at night to Dr. McDowell's residence. A procession was formed and the sudents carried lights and deposited in a vault prepared for the purpose in the rear of the house, these dead children; no kind of ceremony, either religious or otherwse, was indulged in.

It is also related that he purchased a cave in Hannibal, Mo., had it cleaned out and fixed up, built walls of masonry and an iron gate at its entrance. He took a copper vase containing the body of one of his children and suspended it from the roof of the cave. Some time after he had done this some evil disposed and mischievous town loafers broke down this gate and opened the copper coffin. This made the doctor give up the idea of having any such place as a burial place for the dead. Dr. McDowell himself once became very sick and believing himself upon the point of death he called in Dr. Chas. W. Stevens his partner in the practice of medicine, and his son, Dr. Drake McDowell, to his bedside, and made them take oath that should he die they would place his body in an alcohol filled copper vase, take it to the Mammoth Cave of Kentucky and have it suspended from the roof of the cave. He averred that he had already made due and proper arrangements with the proprietors. It was natural that being gifted with the powers of eloquence he would be called upon to speak at any meeting he might attend. Not once, but several times, have I heard him. His tall figure, with his mass of grey hair, combed back over his forehead, after the manner of Calhoun, his intense and somewhat swaggering air, he presented a startling and commanding figure, his voice and manner were in imitation of John Randolph, of Virginia. His high pitched tones and rasping utterance penetrated everywhere. Let anyone in the audience say: "Saw bones!" and there was always some one sure to do it, he would then turn and snarl, and rejoin in the most snappish and tragic manner: "Be careful, sir, I repeat be careful, sir, that I don't saw your bones!" I remember upon one occasion, where with his high pitched voice and in an ecstasy of mock heroics, he said: "If there is any lady within the hearing of my voice for God sake let her get away, I am going to say something."

When he delivered his class valedictory, it was always an event dear to every medical student of the town, for such was his antipathy to the St. Louis Medical College, or Pope's College, as he called it, and owing to the fact that the late Chas. A. Pope was its dean, and because it was a competing college, he was sure to say something rich in climax, ridicule and comparison. I remember to have once heard him say at a commencement in his college: "That by the grace of God and the permission of the Pope, I expect to lecture here for the next twenty years to come."

The late Dr. Montrose A. Pallen, who at that time attended the St. Louis Medical College, went to hear one of these valedictories. Dr. Pallen said the seats in the old amphitheatre were ranged around in a circle, at a very steep angle, and that these seats were so narrow that anyone sitting upon them and unacquainted with their physical blandishments, would so press upon the great sciatic nerves as to separate their axis cylinders and invariably make their legs go to sleep. It was a custom of his to demand of the students to sit around straight. Upon the occasion of this particular valedictory a lot of St. Louis Medical College students were on hand to hear this class farewell. To Dr. McDowell this was pleasure and revenge, and therefore thrice welcomed.

Dr. McDowell slowly sauntered down the aisle of the amphitheatre with a violin and bow in his hand. Seeing so many students sitting side-ways he commandingly said: "Gentlemen, I pray you, gentlemen, sit straight and face the music." After scraping off a few tunes he very gravely laid down his violin and bow and said: "Gentlemen, we have now been together for five long months and we have passed many pleasant and delightful moments together, and doubtless some sad and perplexing ones, and now the saddest of all sad words are to be uttered, namely, 'Farewell.' We have floated in an atmosphere of physiology, we have waded knee-deep, nay, neck deep, into a sea of theory and practice, we have wandered into the tortuous maize and confusing labyrinth of anatomy; we have wearily culled amidst pungent odors and savored the queer elements of materia medica. We have patiently plodded in the crucible of chemicals. Yes, gentlemen, filled with that weariness at times which could have made us sleep sweetly, or snore profoundly upon a bed of flint, and now, gentlemen, farewell. Here we have made the furrow and sowed the seeds. You are now to go through that mysterious wicker gate from whence you step be it in life or death to enter upon the vast unknown. Here below is not the land of happiness, you will soon know it, it is only the land of toil and every joy which comes to us is truly to strengthen us for some greater labor that is to succeed. Yes, gentlemen, when you get out in the world it be-

comes the great unknown. It is inexpressibly sad to know that a man by his assertion can almost strangle you, even though he tells the truth. So I rebel that truth it be when Colton says: "Count the world not an inn but an hospital, and a place not to live in, but to die in." Here amidst the great silence the doctor pauses, and in deep melodious tones says: "Doubtless, gentlemen, in after years one of your number will come back to the City of St. Louis, with the snow of many winters upon his hair, walking not on two legs, but on three, as Sphinx has it, and as he wanders here and there upon the throughfares of this great city, suddenly, gentlemen, it will occur to him to ask about Dr. McDowell. Then he will hail and ask one of the eager passersby: "Where is Dr. McDowell," he will say: "What Dr. McDowell?" "Why, Dr. McDowell, the surgeon." He will tell him, gentlemen, that Dr. McDowell lies buried out at Bellefontaine. Slowly and painfully he will wend his way thither, there he will find amidst rank weeds and seeding grass a simple marble slab inscribed, "J. N. McDowell, Surgeon." As he stands there contemplating the rare virtues and eccentricities of this old man, suddenly, gentlemen, the spirit of Dr. McDowell will arise upon ethereal wings and bless him. Yes, thrice bless him. Then it will take a swoop, and when it passes this building, it will drop a parting tear, but, gentlemen, when it gets to Pope's College, he will expectorate upon it."

I remember to have heard him deliver a lecture upon special sensibility, at the old City Hospital. It was the strangest mixture of pathology, therapeutics and wit, a man ever heard. Speaking of Homeopathy, he said in high cyclonic tones: "Little pills, little pills, gentlemen, you might as well tell me, that by pulling three hairs out of a buffalo's back could cure the inflammation of his brain, as for you to say that these little pills could do any good."

No truer words were ever said than when Bovee said: "Character is very much a matter of health; forsooth, because a man can talk and act and be competent to hold his own in life, it is not an infallible sign or index that this man is not diseased. Who on earth can show the borderline between health and disease?" Coolridge said: "Life is at best one long disease, and inasmuch as there has never been the perfect man we can now know what is perfect health." While the contention of Lombroso: "That genius is an epileptoid condition" may not be absolutely true, yet it is so closely to truth that we are compelled to pause. There can be no doubt that genius is a matter of health. This is sure, that Dr. McDowell's eccentricities were the actions of a strong character, painted with obsessed propensions. He had the mental vigor and the courage of his conviction, while often he let his zeal outrun his charity, still it was not ablating. He had his ambitions and his ideals, and as for his opinions they were as definite as the point of a needle or the mouth of an exploding cannon, and at no time did fear prevent him from uttering them. He was a remarkable teacher. His influence was profound, no student ever sat before him and listened to his lectures who remained uninstructed. The students from his college were better and more enthusiastically instructed in anatomy than almost any college in the land. Anatomy here became almost a mania. Any college possessing such men teaching anatomy like McDowell, Hodgen, Stevens, and his son John McDowell, certainly was supplied with anatomical teaching material remarkable and effective. In spite of all he said and did he was a means of decided benefit, and never at any time a deterrent or a menace.

DR. M. M. PALLEN.

Scene: Old St. Louis Medical College. Time: Spring of 1866. Students in quiz room grouped around a table conversing. Personae: Medic H. B. C., Medic Polk and Medic Ware.

"Say, I wonder how in thunder," yawped he of the horse blanket cloak and the butternut suit of baggy dimensions,
"Can a man be wise when all he says and does can't show a speck of gumption and intellection?"
Up spoke Medic Polk: "Permit me to say in kindest way, ask Prof. Pallen, he is full of brains and full of sense."
"Thanks, purled H. B. C., here is another, all men are wise, some are wiser than they know, O Sapience.
"Well, I declare," said Medic Ware, "you're dense, do as told. Ask Prof. P. then as sure as fate he will make it straight,"
"Mutton heads," growled H. B. C., "not in a million eaons, can you beat me on being silly on Prof. P., he is great."*

Dr. Moses M. Pallen came to St. Louis in 1842 and died in this city in 1876, at the age of 66. He practiced here for thirty-two years. For over twenty years he was Professor of Obstetrics in the St. Louis Medical College. He took his literary degree at the University of Virginia and graduated at the University of Maryland in Baltimore. He performed the duties of health officer under Mayor Pratt's administration. During the Mexican War he held a contract surgeonship of the United States Army in St. Louis He was health officer in 1849, when an epidemic of cholera prevailed. He was one of the founders of the St. Louis Academy of Science, and also its president. He was likewise president of the St. Louis Medical Society; was the father of four sons and two daughters. Among his sons was the late Montrose H. Pallen, one of the first gyne-

*In 1865-6 many students who came from the South, and who had been in the Confederate army, wore red and blue butternut cloaks suggestive of horse blankets.

cologists in the United States and known throughout this country and Europe. Among the professors of the St. Louis Medical College, none was more popular than Dr. Pallen for he was indeed a teacher by nature, who adapted himself perfectly to the student classes of his time. How well I remember this old man, and when I review the pith and substance of his lectures in the light of my own past experience and their results, I can truthfully say that such a lecturer and teacher as this would have been a credit to any faculty, and not only that, but as time has come and gone he has been a multiplied blessing through his teachings to many and many a lying-in woman.

Dr. Pallen was of medium height, stocky build, an exceedingly solid looking man. He had a big head, well shaped covered with a crop of gray hair, a broad round face, seemingly almost as equally broad as it was long. He wore a close cropped mass of whiskers at the sides of his face and on his chin his upper lip was clean shaven, his eyes were small and sparkling, his eyelids large and puffy. He had a strong fat nose, a large mouth with big lips which were constantly relaxed and compressed fitfully at the command of his mind.

His complexion was sallow. His voice was mellow and agreeable and played exceedingly to the impressibility of his humor. When serious, particularly when wilfully so he was the most solemn looking person I have ever seen, a face such as I imagine would occur when a person eating delicious pie suddenly became aware that it was salted with quinine. He could look, whenever he wanted to, as dull as an overfed pug dog after dinner, and then again as bright and pleasant as flowers in the flood time of Spring. Ah, you could rest assured that when this solemn, dull look came over his face that wisdom would jest as well as preach, and that the cipher key with which he deciphered would take cumberous mass and make it into virtuous principles which must in very duty be retained by his students for valued use.

Now, his eloquent tongue and voice swells upon the air as measured and solemn as a funeral bell to second his honest fervent thought, his attention is as quivering and resilient as quicksilver. His intense mind guides and forms his words his memory an ever-ready stock from which he draws capital, to enhance the value of his discourse and compel truth itself. He tells you that when you approach the lying-in woman that you are nearer to the throne of God than the stars of heaven are, that living is death and dying is life, and birth is both; that birth into this life is the death of the embryo-life. God grant that our earthly death may be our birth into a glorious new being. Watch this suffering and pained lyingin creature, in her harsh hard hours of dire travail, remember that your patience and gentleness to her must be as boundless as the sea. Your attention should be infallible, study and adapt yourselves to her whims of exceeding great agony, give, yes, keep giving her hope and bless her with your strength. Let your untiring attention to babe and mother be so that a clean conscience can make you undreading face your God. Each pang of pain that she is denied betters the growing soul of progeny.

"From the prayer of want and plaint of woe
Oh never, never turn away thine ear;
For on this bleak wilderness below,
Ah, what were man should heaven refuse to hear."

Remember in your accouchement that the words of Colton can be well applied, when he says: "If there be a pleasure on earth which angels cannot enjoy and which they might almost envy man, the possession of, it is the power of relieving distress."

God forbid, far be it that it might occur, that any of you should from neglect or otherwise be brought to think, "If there be a pain which devils might pity man for enduring, it is the death bed reflection that you have possessed the power of doing good but that you have abused and perverted it to purposes of ill." I honestly believe that this worthy man at no time in his life ever realized the immense amount of good which he did. There is no function in all life higher and nobler and more blessed than a good consciencious, painstaking and learned professor of medicine. Dr. Pallen's work bore fruit for 58 years, truly a rare cycle of virtued benefit. Every detail of the lyingin period was placed before the student in its most effective light. "Gentlemen," he would say, "as the head presses down upon the pudenda take large flannel cloths, well boiled, and when still generous with their heat keep them to the pudenda. This gracious warmth gives unimagined comfort and relaxes the assailed muscles, thus making an easier passage-way for the head."

He could say "pudenda" with such volume and import as to make it sound almost like the boom of an explosion. His direction for the fixing of the naval cord and the belly band upon the child was given with all the grave profundity and seriousness as though it was earth's most important affair of state. His directions for the application of a diaper upon the child was inexpressibly scientifically comical. His worth requires no interpreter and duty to him was as the voice of God. He was like necessity, he did everything well, never wild in his assertions, he always acted

as he believed that nothing is deemed impossible to well-directed labor, and that nothing is ever attained without it. A man of self-control and constancy. He was unknown to blind self-love, he revelled in well-balanced innocent fun, and like Agnes, he appeared to believe that next to virtue the fun of this world is what we least can spare. He made sunny spots in the heart, and dodged that hateful error that nurse of frenzy, moping melancholy. He has been the source of great good and comfort. A man of compendious wisdom filled with noble and just aim, a credit to his Maker and a benefactor to the realm of womanhood.

(To be continued.)

REMARKS ON RENAL SURGERY AND THE IMPORTANCE OF THE CYSTOSCOPE AS AN AID IN DIAGNOSIS—PRESENTATION OF PATIENTS.*

J. F. MENESTRINA, M. D.

ST. LOUIS.

THE universal use of the cystoscope has opened up a new era in renal surgery. Everywhere we hear about its splendid effectiveness and accuracy. Cases obscure prior to its advent are made now quite clear. To get an idea of the part played in diagnosis, one need only take a glance into recent literature on this highly interesting subject. The time spent will be well rewarded.

In spite of all of this accumulative evidence of merit, it is a deplorable fact that many operations on the kidney are performed daily by general surgeons without bringing into requisition its aid. This is to be deplored, and it should be always our aim to utilize every practical, new device conducive to accurate diagnosis and intending to reduce mortality.

In reviewing the literature on the subject of renal operations, I find that Casper in 1905, in a paper read before the Surgical Congress in Berlin showed that the mortality in renal operations had fallen from 26.9 per cent to 17.4 per cent. With the universal handling of the cystoscope and accessories, diagnosis will be made so clear that great discrimination will be used in selecting proper operative cases, and thereby still further reduce this mortality.

At a meeting of the Surgical Section of the St. Louis Medical Society of January 25th, we all witnessed with interest a practical demonstration of the cysostcope on a subject. The various ingenious instruments were shown and explained. Too much credit cannot be given to the originators and prefectors of these most practical instruments The instrument now considered by experts to be the best of its kind used, is the Universal Cystoscope. It gives good illumination of the bladder, anteriorly and posteriorly. It can be used in male or female, and is even admitted in a child's urethra.

It has many features absent in other makes.

It has been my good fortune to observe closely many cystoscopes and renal catheterizations carried in by the use of this instrument, and I am simply enthused with its possibility for different diagnosis in surgical work.

Pathological conditions of bladder, ureter and kidneys, are readily diagnosed by its aid.

One of its achievements is in locating vesical tumors, benign papillomatous or malignant growths.

In the different forms of calculi, it shows us the kind and apprises us of the location, sounding and palpation may fail us, in spite of the most careful manipulation. Cystoscopy gives us assurance of their existence, except in difficulties in which the tumor or the calculus lies imbedded in a sacculation and is covered by the wall of the bladder.

We all know how difficult it was before the advent of the cystocope to determine whether the bladder or the kidneys was the seat of trouble, in kidney diseases. It was here that the cystoscope marked a decisive advance in diagnosis. When we examine the bladder by bringing to the field of vision the ureters, we can safely determine whether or not we have two functioning kidneys, and whether blood or pus is percolating from either.

There are instances where this vision fails us, the ureteral catheter is employed, if we want the diagnosis to be accurate. By its use urine can be collected from both kidneys. The functional activity of each kidney can be accurately computed. The quantitative and qualitative analysis, chemical and microscopical must be made. In deciding upon renal operations of such formidable character as removal of a diseased kidney, the functional activity and health of the other kidney must not be overlooked.

We are indebted to Dr. P. F. Richter and L. Casper for valuable original investigations made in testing the functional capacity of both kidneys. These investigators observed that in the event of finding on renal catheterization, say a tuberculous kidney, on the left side, and in testing the right, they would find an albuminous kidney they would not condemn the case as inoperable. They base their opinion that this albuminuria is due to a

*Read before the Urologic Section of the St. Louis Medical Society, February 18, 1908.

very restricted amyloid degeneration, and merely an expression of a curable toxic expression. This amyloid degeneration will be arrested on removal of the tuberculous kidney.

If we should obtain, however, a clear urine free from albumen the phloridzin-diabetic test is used to exclude the possibility of a contracted kidney, in which event death would soon follow removal.

The description of this test will be found in Casper Genito-Urinary Diseases, page 447, last edition.

The different surgical conditions of the ureter and kidneys where the cystoscope and accessories assist us in diagnosing, are briefly these:

Traumatic conditions of kidney substance.
Renal hemorrhage from other causes.
Pyonephrosis, due to renal calculi.
Pyo-nephrosis, due to exanthemata.
Perinephritic abscess, communicating with the kidney.
Hydronephrosis.
Tuberculosis of the kidney.
The various forms of malignant metastases.
Floating kidney, etc.

I will briefly review a few cases of renal operations, where the cystoscope was used to establish a diagnosis:

Case 1.—Greek, 31, laborer. Entered the hospital February 1st, 1907, a very sick man. He had high pulse and temperature, and on physical examination nothing abnormal was found in the chest and abdomen. He complained of severe pain in the left kidney region. He gave the history of a previous operation in this region by another surgeon out of town. Pyuria was present. Microscopical findings negative of tubercle bacilli, but showing mixed infection. A fistulous opening was still present. This was enlarged and a quantity of pus emptied. A drain was placed. In a few weeks his condition improved and he was able to sit up. He was cystoscoped later by Dr. C. E. Burford, and the ureteral catheter met with an obstruction on the left side two or three inches from the kidney. It was found that no drippings could be collected, plainly showing a functionless kidney. The other kidney was tested, and found doing compensatory function. A radiograph was taken by Dr. R. D. Carman, a calculus could be distinctively seen. The diagnosis was made of renal tuberculosis. Operation July 1st, nephrectomy. Great difficulty here encountered in delivering the kidney because of numerous adhesions. This was finally accomplished. Renal vessels and ureter were ligated separately. Drain was placed and structure sutured layer by layer. Patient recovered nicely from the immediate effects of the operation. No farther event took place except that he had a siphoning up of urine from the bladder for days, through the drain. Evidently the ligature of the pedicle gave way, a condition I might have obviated if ureter had been ligated low down close to the bladder.

With sitting posture, this, however, subsided, and he left the hospital perfectly well a few weeks later. The specimen shown will illustrate the condition. It was carefully prepared by Dr. L. Rassieur and sections made for the microscope, and the diagnosis of tuberculosis sustained by his findings.

I regret that I am unable to present this patient tonight, but I received, some time ago, a letter from one of his friends that says he is in Indian Territory, perfectly well, working daily as a manual laborer, holding American eagles and has apparently forgotten me or his pledge to meet his obligations.

Case 2.—This patient I am able to present together with specimen removed. He is an Italian, 19, single, laborer. Always enjoyed good health. Family history good. Present condition: While working on a railroad about three months ago, he was seized with chills, acute pain in the left kidney followed by hematuria. He laid in camp without any medical care one week. Finally he was brought to town and to a hospital, where he was treated for malaria for six weeks. Case was finally referred to me at the Deaconess' hospital. Physical examination revealed nothing abnormal, except on palpation of left renal region which place was found extremely painful on touch. Urinalysis revealed pus and blood in large quantities. Microscopical findings by Dr. C. E. Burford were the following: Epithelium, pus cells, blood corpuscles, bacilli coli communis, streptococcus, staphylococcus and numerous other bacteria were found. Repeated examinations failed to reveal the tubercle bacillus.

Dr. Bransford Lewis cystoscoped this case for me. Both kidneys were tested. Right kidney was found performing normal function, the left was found secreting slowly a turbid fluid. This was examined microscopically and found to contain about the same previous finding of Dr. Burford's urinary examination.

Radiography was here also employed, and the skiograph revealed distinctly a very large kidney shadow, but no stones.

The diagnosis was made of the left renal tuberculosis. To still better clear up this difficult diagnosis, I was assisted by Dr. L. H. Hempelmann, who employed the ophthalmo-tuberculin test (Calmette test) which gave a typical conjunctivitis on only one drop

of a one per cent solution. The possibility of diagnosis from this test and the tuberculin vaccine test, should not be overlooked in these difficult cases.

Operation, usual nephrectomy incision, capsule incised. Large horseshoe shaped kidney found high up. Again in this case, a number of unpleasant adhesions were present, making delivery very slow and difficult. Extraction accomplished. Renal vessels first ligated, next the large ureter in mass. It would have been my desire to remove this as low down as possible, but the numerous adhesions prevented my doing so, lest the peritoneum be entered. A drain was placed and muscles sutured, one by one.

He reacted from the shock nicely. Drain removed on the fourth day. Suture removed on the tenth day. Healing now most complete.

A peculiar coincidence on the convalescence was an acute orchitis on left side, developing at the fifteenth day, ushered by high temperature, chills, and colicy pains. I cannot ascribe a cause for this as no catheter was used after the operation. It was fortunately of short duration.

The specimen was examined by Dr. Guthrie McConnell, who reported the following:

The specimens of kidney all show similar condition. There is a widespread infiltration of round cells (lymphocytes) throughout the interstitial connective tissue. In some areas these cells are collected in irregular, fairly well-defined masses. Amongst them can be found, here and there, small groups of epithelial cells that formerly constituted the lining of the tubules.

There are no areas of caseous degeneration, no epitheloid or giant cells.

The tubular epithelium shows considerable cloudy swelling, and in some instances there is an increase of the connective tissue around the glomeruli.

Diagnosis.—Interstitial suppurative nephritis.

BALTIMORE COCAIN SELLERS.—On February 28 the police arrested four negroes and one white boy on the charge of peddling cocain in the northwestern section of Baltimore. Edward Blaco, colored, was convicted in the police court February 20, charged with selling cocain and is said to have been sentenced to pay a fine of $50. Rebecca Harris was fined $50 and costs for the first offense, $10 and costs for the second offense and committed to jail on the third offense, charged with furnishing and peddling cocain without a physician's prescription.

A BRIEF REVIEW OF THE ETIOLOGY AND DIAGNOSIS OF SURGICAL KIDNEY.*

H. N. LYON, M. D.

ST. LOUIS.

I HAVE made bold to deviate from the announced title of my paper upon the ground that a too close adherence to that title would prove at least drier than the present effort, and might lead to some controversy upon the true pathology of the inaptly called "Surgical Kidney," and thus defeat the very object of writing.

Authorities differ as to what constitutes the "Surgical Kidney," to one it is a pyelonephritis, with infection; to another it is the mechanical dilatation of pelvis, calyces, and ultimately the kidney proper, to which has been added pyogenic infection. For purposes of scientific pathologic classification they are widely different conditions, whereas from the view-point of the practical surgeon they have much in common. A pyelitis may under certain conditions readily pass into the classification—pyelonephritis. Some forms of nephritis may have engrafted upon them a pyelitis and the post-operative or post mortem diagnosis would have to be pyelonephritis or suppurative nephritis. An ascending inflammation can engender, and usually does, a pyelitis, a pyonephrosis or a pyelonephritis. Many of these conditions arise stimultaneously — pyelonephritis and pyonephrosis coexist in a number of cases. A suppurative nephritis may exist without a suppurative pyelitis, but so generally do the two conditions go hand in hand that the terms are wellnigh synonymous. Suppuration of the ureter, of the renal pelvis, and the kidney substances are some of the commonest sequelae of obstruction of the urinary passages associated with decomposition of urine; and it is to these very cases that the term "Surgical Kidney" has been so inaptly applied. In view of the association of these pathologic conditions I have chosen to depart from the traditional classifications and to present the theme from the view-point of the practical surgeon.

To him all suppurative diseases of the kidney are "surgical" in contradistinction to the large class of nephritides of the internist, in that sooner or later they may require skillful and purely surgical procedures for relief or cure By common consent the "surgical kidney" of today is that form of suppurative lesion requiring skillful surgical intervention rather than one a product of unskillful surgical intervention.

*Read before the Urologic Section of the St. Louis Medical Society, February 18, 1908.

Owing to the immense breadth of the suppurative diseases of the kidney it will be impossible, in the space of time allotted me, to include but the few occurring more commonly in practice.

Definition.—Assuming that you are in accord with the departure from the traditional classification I would evolve this definition of my subject. The surgical kidney is that pathologic condition of pyogenic infection, from whatever source or through whatever chain of circumstances, that may become engrafted upon the organ, whose power of resistance has already been lowered by pre-existing pathologic states in the genito-urinary tract, or in the body of the organ itself.

You are not to infer from this definition that suppurative lesions of the kidney may not occur, where no discoverable lesion exists in the distal genito-urinary tract, nor that suppuration may not arise in a kidney from systemic infection, or from pre-existing infection at some distant point,—hematogenous infection—where no discoverable pre-existing lesion occurs in the parenchyma. Again it does include renal calculus, tuberculosis and tumor. While these are almost always accompanied by infection and by suppurative complications in their late stages, they are of such vital importance as to warrant classification as independent diseases with secondary infection.

Viewed from this practical standpoint then I think you will agree with me that the practitioner of the present day presented with a patient complaining with pain in the region of the kidney, or, perhaps with a history of colic descending along the ureters or transmitted in various directions, associated with frequency of urination, with pus, and perhaps blood in the urine, immediately thinks of renal calculus or tuberculosis, or perhaps, of tumor, if the amount of blood in the urine has been sufficient to constitute a marked hematuria, especially will these suggest themselves to your mind if there has been no history of urethritis, cystitis, prostatitis or prostatic hypertrophy. If on the other hand there has been a history of urethritis or vesical disease, an ascending pyelitis or pyelonephritis will be suggested. In all these condiiions pus in urine—pyuria—becomes the index to further search.

Pathological Classification.—In order to better understand the etiology and diagnosis of those conditions producing pyuria classification becomes necessary. The simplest pathologic classification of those suppurative renal diseases manifesting themselves by pyuria is: pyelitis, pyonephrosis, suppurative nephritis and pyelonephritis.

It seems inadvisable to specifically define these conditions in a paper having the limited scope of this one. Let it suffice to state that whatever else may give to each its distinctive character, urinary obstruction and pyogenic infection co-exist in almost every, if not every condition.

Etiological Classification.—To classify these pathologic conditions from an etiologic standpoint, it may be said that the three varieties of kidney disease that are most often the causes of pyuria are, in the order of their frequency: 1. A suppurative pyelitis or pyelonephritis, due to an ascending infection. 2. A suppurative pyelitis, pyonephrosis, pyelonephritis, or renal abscess secondary to stone in the kidney. 3. A suppurative nephritis, pyelitis, or pyelonephritis, secondary to tuberculosis of the kidney.

Etiology, Kinds and Modes of Infection.—The pyogenic element being necessary to all suppurative inflammation, it will first be in order to study the kind and modes of infection. Aside from abscess of the kidney and suppurative nephritis with secondary infection following calculus in the parenchyma, trauma, hematogenous infection in the form of pyemia, and infective embolus from in infective endocarditis, all the forms noted in the classification are preceded by some disease or mechanical state that lowers the resistance power of the part or parts involved, and thus the micro-organisms find suitable nidus for their development.

Many micro-organisms have been found to excite suppuration, but naturally the variety of any given case depends upon the source of infection. As a matter of fact it is found that the bacillus coli is by far the most common. The infection by the organism in most cases probably arises from the intestine. The virulence of the organism, as in the case of many other organisms, is known to be capable of undergoing considerable variations..

Streptococci and staphylococci are not unfrequently present, especially in the ascending varieties of pyelonephritis; and in many instances there is a mixed infection.

The diplococcus pneumonia, the bacillus lactis aerogenous, the bacillus pyocyaneus, are all recorded as having been found on various occasions. Gerster has reported a case of gonococcus and streptococcus combined. Bransford Lewis found a pure culture of gonococci in a reported case.

Mixed infections are frequent, the organism of the primary infection existing alongside that of the secondary, as so often happens in tuberculous kidney.

The exact relative importance of these

different organisms in suppurative diseases of the kidney is not at present fully known. Guyon, Albarran, Halle, consider that in the majority of cases the coli bacillus plays the principal role. Rovsing, on the other hand believes the bacillus coli to be less injurious than the streptococci and staphylococci, on account of its feebler power to decompose urine.

The mode of infection may be variable. It may be hemic from pre-existing foci of suppuration in distant organs, or through infective emboli transmitted from an infective endocarditis, or through contiguous purulent inflammation—though this latter is by no means so common. A gonorrheal urethritis may extend by continuity along the genito-urinary tract. A nephritic tubercular inflammation may gain access to the kidney by three distinct routes: First, and most commonly, through the blood current; second, more rarely by an extension into the kidney from surrounding organs, principally from tuberculous foci in the vertebrae; and third, only in very exceptional instances, by an extension upwards from the bladder. As no lymphatic vessels have been demonstrated in the kidney the opinion held by some authors, that infection may take place through the lymphatic system seems unwarranted. The most common portals of entry for the tubercle bacilli are the respiratory and alimentary tracts. Walker has demonstrated by animal experimentation that the organisms may thus enter the system without producing lesions in the mucous membranes through which they pass, but once having gained entrance to the blood they may be arrested in their course in organs where conditions are favorable and a localized tuberculosis is produced. This is well established to be the pathogenesis of most cases of renal tuberculosis. The consensus of opinion now is that primary tuberculosis of other portions of the genito-urinary tract, while it has been proven in certain instances, is a very rare occurrence. Again a primary renal tuberculosis is rare. The process in the great majority of instances is secondary to tuberculous process in some other organ, most commonly the bronchial and lumbar glands.

It seems hardly necessary in this day of aseptic precaution to mention as other modes of infection unclean instrumental procedures, or harsh instrumental attempts, especially where the symptomatology would lead you to suspect or know the presence of other lesions, than the one you were endeavoring to prove present.

Pre-existing Pathologic Conditions.—As to the other etiologic element—pre-existing pathologic conditions—by far the most frequent causes are those which retard or prevent the outflow of urine, such as congenital phimosis, stricture of the urethra, enlargement of the prostate, vesical calculus, especially when of large size, atony or paralysis of the bladder, such as occurs in many diseases and injuries of the spinal cord, foreign bodies or new growths, such as calculi, blood clots, parasites and cancer, in the ureter, renal pelvis or calyces. Trauma or inflammatory changes in the mucosa of the ureter may effect retardation by formation of stricture. Tumors contiguous to the genito-urinary tract in male or female may by compression alone, do the same thing. In the female, pregnancy, affections of the sexual organs, such as pelvic inflammation and new growths, ovarian disease, malignant disease, may each excite secondary nephritis by encroaching upon the bladder or lower end of the ureters and causing obstruction to the outflow of urine. In the case of pregnancy the theory of many earlier observers (Olshausen, Loehlein, Cragin); that the pyelonephritis not infrequently associated, is due to ureteral compression and vesical inflammation with subsequent infection, must not in view of the greater advances in the studies of the toxemia of pregnancy be act cepted with too much confidence, but that the expression of Chas. B. Reed in the las-Journal of Surgery, Gynecology and Obstetrics may yet have to be accepted as nearer the truth. "The pyelonephritis of pregnancy," says Reed, "may be regarded as distinct disease of gestation due to degenerative changes in the renal epithelia and parenchyma, resulting from the transudation or excretion of the toxins of pregnancy through the kidney tissues, plus bacterial invasions, probably of vesical origin."

Another important predisposing cause, as shown by Guyon, is general arteriosclerosis giving rise, probably, not only to alterations in the prostate, which eventually lead to urinary obstruction, but also producing chronic interstitial changes which considerably lowers the power of the kidney to resist infection.

General infective conditions, as diphtheria, typhoid, typhus and other exanthemata, and the general constitutional disturbances accompanying these conditions render the kidney very prone to infection through catheterization. Pyemic states, general infection arising from erysipelas, carbuncle and osteomyelitis may induce suppurative changes in the kidney.

Trauma to the kidney, ureter or bladder is sometimes followed by suppurative changes in these parts of the genito-urinary tract.

Calculi should be classed under this heading for wherever situated they produce a mechanical irritation which leads to desquamation of the epithelia and to chronic changes in the walls that predispose them to infection.

Diagnosis.—In no department of surgery has greater progress in the accuracy of diagnosis been made then in renal surgery. Until comparatively recent times the diagnosis of surgical affections of the kidney was most obscure except in most obvious cases. The clinician was hemmed in by the anamnese, palpation and the examination of the urine. Whether one or both kidneys were diseased, the exact site of disease along the genito-urinary tract and the cause of the diseased condition were largely, if not entirely, guesswork. The differential diagnosis concerning the functional condition of the two kidneys was not dreamed of until within the past decade. While the trained clinician will not ignore the older well tried means of diagnosis, he today clears the field of obscurities by more modern methods, and tells you not only what and where the disease is, but also if both be diseased, which one possesses the greater functional capability.

I shall not tax you with any specific account of differential diagnosis nor describe any of these modern methods, but shall content myself by referring broadly to them in a discussion of the general diagnosis of the condition we have been discussing.

First, as to the history, too much stress cannot be laid upon accurate history taking. All the pathologic conditions we have been discussing have some preceding lesion and some source of infection, these should be sought for through the history in so far as is possible. No case of pyelonephritis should go to the postmortem table for diagnosis when the examination discloses disease of the lower urinary organs, especially when associated with a history of partial or complete retention of urine.

As to palpation the question cannot rise in some of these conditions because there is nothing palpable, but in pyonephrosis you may expect to find a tumor and the nature of the tumor must be correctly diagnosed else your operative procedure may be disastrous.

In pyelonephritis the kidney may be much increased in volume, and palpable, but here careful history taking may show there has been no sudden large discharge of pus, and thus enable you to distinguish from the tumor of pyonephrosis. Renal tumor when found is a very valuable adjunct to diagnosis, but unfortunately it is found in a very small percentage of cases, at least early enough for you to be of service to your patient. Renal tumors are furthermore, amongst the most difficult of abdominal enlargements to diagnose correctly. The enlarged kidney has been mistaken for almost every enlargement that may to occur in the abdominal cavity.

In the field of urinary examination little can be expected from examination of the combined urine, but the modern methods of ureteral catheterization by cystoscopy yields, separately, the urine of each kidney, which can be subjected to chemical, microscopical, bacteriological and inoculation tests yielding brilliantly accurate results as to which kidney is diseased, the nature of the disease and the functional activity of each kidney.

The methods of diagnosis in the study of inflammatory conditions of the bladder, ureters and kidney have been greatly refined by bacterioscopical and cultural methods. These will suffice for most of the urinary infections. For tuberculosis of the urinary tract, however, there is no method which gives such satisfactory results as that of inoculation in guinea-pigs.

Among the most important of the new methods of diagnosis is the use of the X-ray, especially in determining the presence of ureteral and renal calculus. Its limitations, both positive and negative, are still not fully developed. There are so many sources of error both in the operator and the patient that a single X-ray examination cannot be taken as conclusive.

The very new method of studying the functional activity of each kidney is still in its experimental stage and cannot therefore have its limitations defined.

By these combined methods your deductions can be made more logical, your pathological anatomy clearer, and your chances of giving relief to your patient greatly enhanced by defining more clearly the surgical procedure necessary thereto.

DISCUSSION.

Dr. E. A. Scharff wished to bring out particularly one or two points in the use of the cystoscope in diagnosis, points that had not been mentioned by Dr. Menestrina, and which he believed proved the value of the cystoscope. Much could be determined as to the condition of the kidney by an examination of the bladder and of the ureteral orifices—an examination of the wall of the bladder for ulcerations, the condition of the mucous membrane, etc. When, in examining the bladder, tumors were found, it was desirable to advise early operation, even in the presence of benign growths. In one series of cases that he had seen, 60 per cent of what had appeared to be benign

growths had, upon examination, shown degenerative processes. As to failure to find tubercle bacilli in the urine, the centrifuge had a tendency to throw the bacilli to the side of the tube. If, instead of using the centrifuge, a small tube with a stop-cock were used, allowing the urine to stand in the tube for 18 to 24 hours, then opening the stop-cock and taking the sediment, there was much more likelihood of getting the bacilli. In Vienna, more attention was paid to the color test than the fluoridzin. The guinea-pig test was always used, making the injection into the inguinal glands and macerating the glands with the finger. This gave the result in eight or ten days instead of within several months, as was the case when the injection was made in the peritoneum.

As to infection from below, Dr. Scharff had been taught that there were two main classes, those of the hematogenetic type, i.e., those due mostly to pyemia or some systemic infection (and in this form both kidneys were usually affected) and those due to local infection, that class being mostly due to tuberculosis. Those cases should have treatment through the catheter rather than surgical treatment. That the infection never did come from below had been called into question because it had been claimed that in all such cases it must be mixed infection, for a non-motile bacillus could not gain entrance to the kidney from the lower tract.

Dr. C. E. Burford differed with Dr. Scharff in regard to two points in Dr. Scharff's discussion. First, as to passing judgment on the condition of the kidney or ureter by the appearance of the ureteral openings, while in the majority of cases that might be possible, yet in some cases it would lead to an error in diagnosis. There might be a pathological condition of the kidney and the ureteral opening give no evidence of it. As to the bacilli passing up the ureter, there had been recently published an article tending to prove that for every current in a small tube there was a counter-current. It had been proved, by the use of colored solutions, that they did pass up such a tube. It appeared pretty definitely proven in Dr. Lewis' case in which one kidney was infected by the gonococcus. There was no question about non-motle bacilli traveling up the ureter by capillary attraction.

Dr. Scharff had not intended to convey the impression that it was his belief that ureteral catheterization should not be used, but he did believe that much could be told by the appearance of the openings. Ureteral catheterization should always be employed, however. The other point, as to non-motile bacilli traveling upward, had been merely mentioned as a disputed point. Dr. Finger's assistant had made some experiments upon the epididymis producing a so-called peristaltic movement which might also be persent in the ureter.

Dr. Bransford Lewis was averse to letting the subject close without expressing his admiration for the work done by Dr. Menestrina. His admirable skill in accomplishing what he was after deserved commendation. It was a pleasure to see a general surgeon so convinced of the necessity of making an absolute diagnosis of the condition of the kidney before going in after it. Dr. Lewis had known of several instances where prominent surgeons had gone after kidneys without preliminary catheterization which was now considered necessary by men working in this line, yet the failure in diagnosis based on the history of the case was considered legitimate. Failure in diagnosis was never legitimate unless every diagnostic method had been resorted to. The very admirable review given by Dr. Lyon was worthy of close study, and it should be read carefully after publication.

Dr. Menestrina, in closing, thought that the necessity for the use of the cystoscope in genito-urinary diseases was pretty well recognized, yet many surgeons failed to take advantage of such aid. In the case already mentioned, where the cystoscope had been used on a child of 11 years, it had cleared up the diagnosis of a state of affairs that had been very puzzling. The condition had not been relieved by nephrotomy. The cystoscope, when used some days later, had shown perforation of the anterior wall of the bladder, and relief was afforded by the use of a drain. The case could have been diagnosed in the first place by the use of the cystoscope. The bladder had contained a large clot of blood and there was found a hematoma on the left side. In many other cases the cystoscope was of great service, epecially in case of tuberculosis. There had appeared an excellent review of the tubercular cases by Rosving of Copenhagen (Berlin klin. Woch., Jan., 1907.) This operator had made it a practice to cystoscope every case. In the article referred to Rosving made the statement that wherever there was a tubercular condition involving the kidney and bladder, that the removal of the kidney alone was usually followed by complete relief. By avoidance of the diseased surfaces of the bladder it was possible to catheterize the ureter without danger of an ascending infection.

Dr. Lyon, in conclusion, stated that his only object had been to freshen their memory

by reviewing the multipliciy of causes that were constantly encountered, and especially to emphasize the necessity for absolutely aseptic examination. Almost all the cases of ascending inflammations that he had encountered had been due to unclean instrumentation or lack of a clear understanding of the condition present. In addition, he had also wished to draw attention to some of the newer methods of examination.

SENN MEMORIAL.*

DR. SENN AS A MAN.

W. B. OUTTEN, M. D.

There died in Chicago, January 2, 1908, a man who, measured by all the standards of greatness, was truly great. The elements of this man's greatness appears natural to him as any function of his life. He was great in the breadth as well as the minutes of his labors and in the exceptional character of his work.

Dr. Nicholas Senn was great in a vocation where reputation never corresponds to the amount of labor. A vocation often more professed than labored, and yet more labored than advanced, rather in a circle. The influence of Dr. Nicholas Senn's mentality upon medicine helped in no small degree to abrogate the monotonous circle of advancement and retrogression and bring into being a powered tangent of real progress. His contributions to surgery were of immediate effect, distinctly stimulating and impelling in a line of clinical, experimental and abdominal surgery and to the rapid growing of effective operative technique. Let us study this man lent to life but now taken from it. Great men stand like solitary towers in the city of God. Nicholas Senn's greatness came not alone from his thought, power and capacity, but from the right doing and rare application of his thought, power and capacity. It was no single power which made Senn great, but the grouping within self of a combination of powers acting towards well-timed and successful results.

Dr. Senn was endowed with wonderful physical and mental endurance. His unswerving mental continuity made him preeminently great in the all-accomplishing, modern majesty of work. He was strenuously boundful in working out a broad, comprehensive, pure intent. He was a typical index of the wonders of concentrated labor and patience. His self-imposed tasks and triumphs were of heroic stamp, and he, above most men, owed nothing to chance but all to a well-endowed brain and unceasing labor. His surroundings contained every element necessary to incite, conceive and accomplish great work. Biding in a region of country where ponderous progress loomed up in grander and more impressive proportions than in almost any other known in the world's history. Great men are the models of their country; yes, the formative models of their surroundings and time. Such was Dr. Nicholas Senn. His environment so potently impressed and inspired him by their indescribable promise, vigor and wonderful growth, that he naturally became a brilliant and pure reflex of the great Northwest, where accomplishment truly became thaumaturgic. His life was indeed all labor. It appears that he felt that his life belonged to his race and that the great excellence which God gave him he willingly gave in return to mankind. He apparently reveled on the royal road of intelligent, industrious use, nor did it appear at any time in his life that he had become a slave to that dry drudgery at the desks dead wood, nor was he as some, "where men labor and labor until labor ceases to refresh the laboring brain with hope."

This man's energy of character had to be based upon the broadest and best hope. Strong minds must and will always hope. He travelled up the great world's altar stairs that sloped through an infinity of purpose up to God. It is doubtful if any man of his calling was as popular as he was, and though it may be true that he lived to know that "popularity is like the brightness of a falling star, the fleeting splendor of a rainbow, the bubble that is sure to burst by its own inflation;" yet he, as all the world knew, had more than leinage from which heroes come, for he was filled with marvellous, weal working merit.

He was a formative genius of his time, pre-eminently creator, guider and leader in what is now the most advanced method of teaching surgical pathology. No contemporary of Dr. Senn seemed to have been endowed with the capacity and ability as he was to influence by direct personal contact, teaching and example the surgical standards of medical students and practitioners in such large number as he. They came to him from every part of this great land, from over the seas, and almost the entire world. He was, indeed, gifted with the instinct of effective and broad enterprise. He undertook great things because he was great. Ruskin truly pictured him when he says:

"The genius remains in great part a child, seeing with the large eyes of children, in perpetual wonder, not conscious of much knowl-

*Presented at the regular meeting of the St. Louis Medical Society, Saturday, March 7th, 1908.

edge, conscious rather of infinite ignorance and yet infinite power, a fountain of eternal admiration, delight and creative force within him meeting the ocean of visible and governable things around him."

Endowed to fullness with a deep love of truth, for well he knew that truth is the foundation of all knowledge, and knowledge the basis of all real progress; within the very essenced soul of all things, progress was, is and must ever be the law of life. At no period in his life did his mind appear to know pause in labor, progress and development. Labor, yes, labor as wide as the world was the constant motive power of his soul, and accomplishment the only pabulum for his unceasing, active mind. Dr. Senn had rare and wonderful capacity in knowing the true value of things. His public surgical clinic it is said was one of the very largest in the whole world, and true to the great patience and perseverance of his genius he conducted it not on the basis of circumscribed and hampered task, but upon the basis of definite accomplishment, for his clinics were often extended far into the evening. His was the industrious, effective mind, to take mass and give it coherent form and worth. He was one of the very first to make the laboratory a part of his surgical clinic.

Dr. Senn was among the first and greatest of the world's experimental surgeons. Filled with the spirit of discovery he became the pioneer of the generation he now precedes; he loved his art and blessed it by his untiring labors and discoveries. He was a man of rare mould and genius, he owed to neither work, fortune nor accident his greatness. He made the world feel his presence and it was made richer for his coming. He blessed man by his acomplishments.

Dr. Senn arose from unpretentious state to the steep height of fame. He was not prompted by low ambition and selfish thirst for praise, but seemed to feel that inherent love of labor and the single thought that one truth discovered is immortal and make its author so. He was never pretentious and arrogant, but simple as a child and unconscious of the rare worth within, seemingly untinctured with vanity as to his immense capacity.

He has left a living influence, beneficial and enobling throughout all time to come. That his influence upon the medical profession of his own country was marked, profound, far-reaching and beneficial, no one can deny. In the estimation of the writer this country has not produced his peer; that he was a moving power which gave an impetus to the broad study of surgical subjects, such as no other student and author ever developed in this country, we believe it is evident to any truthful investigator. That he inspired and helped to develop a coterie of as fine operative surgeons which this country or probably the world has seen, is seemingly an established truth.

Great and good were his accomplishments, his search for truth sincere.
God made and Nature nurtured him, to broadest use and excellence.
He gave to man all which God gave to him, in form pre-eminent,
He gained all he wished, the name of man's benefactor and friend.

DR. SENN AS A SURGEON.

A. H. MEISENBACH, M. D.

The name of Nicolas Senn will be in the front rank among the names of the many eminent medical men that America has produced. His fame as a surgeon was not only national but international. This was the result of being an acknowledged master in the science and art of surgery, and also on account of his originality and experimental work, and the power and eclat that comes from the capability to wield a facile pen. The life of Nicholas Senn is another one of those striking object lessons in American life, that often the highest pinnacle of fame is reached by those of modest origin. Had Senn been born with a "golden spoon in his mouth" the medical world would have missed much that has enriched it by his work. The history of American medicine is full of such examples—I need mention only a few such as Samuel D. Cross, Marion Sims, John T. Hodgen, and many others.

It was this humble origin and modest surroundings that developed those sturdy qualities, that afterward proved to be the bulwarks of everlasting fame. Again we can refer to men who began their life work in the rural districts and who did work and made researches that have been revolutionary in character. It was Sims who gave the foundation for national gynecology, in Georgia; Robert Koch, in the little German village of Wollstein, by his bacteriological studies, revolutionized medicine.

So it was with Senn; no doubt the inspiration that eventually led Senn onward to delve into the mysteries of surgical lore, was gained amongst the surroundings of the quiet little hamlet in northern Wisconsin. The time when Senn entered the surgical arena was very opportune. The labors of Pasteur, Koch and Lister had sent a thrill of wonder through the medical world when it realized that these discoveries heralded the dawn of a new era in medicine and surgery. It was thus made possible to enter regions surgical-

ly that hitherto had been held inviolate and almost sacred.

Senn possessed the qualities to make a great surgeon; he had an analytical mind, was self-confident, had great initiative, was very resourceful, had wonderful powers of endurance as well as a fluent and great vocabulary.

Very early in his career Senn took up experimental surgery. This brought him into the lime-light rapidly. In his autobiography Samuel D. Gross, speaking of the meeting of the American Surgical Society at Cincinnati, May 30, 1883, says, "Some excellent papers were read and discussed, among others one by Dr. Senn, a young Swiss physician of Milwaukee, detailing a large number of experiments on dogs illustrative of "intracapsular fracture of the thigh bone." It is in the realm of bone surgery that some of Senn's most brilliant achievements lie. In this department of surgery he originated many new proceedings and technical "Kunst griffe."

At the time Listerism came into vogue, intestinal surgery had for a long time been in a dormant state both abroad and in this country. Senn's experimental work on dogs, "Intestinal Anastomosis by means of Decalcified Bone Plates" brought this department of surgery into notice throughout the civilized world and became the foundation of that brilliant and wonderful work that is being performed in every quarter of the globe. This intestinal work I believe is the most brilliant star in Senn's diadem of fame. Another brilliant conception was the "Inflation of the Gastrointestinal Tract with Hydrogen Gas as a means of Detecting Perforation."

With a wonderful mind for detail, he readily grasped principles, which is evidenced in his versatile writings and his lectures in the clinic. Taken altogether, Senn was a most wonderful man, an ardent student, a deep thinker, a fluent talker, a versatile writer, an indomitable worker.

In conclusion I will say that wherever surgery is read and taught, the name of Nicholas Senn will be known for ages to come, his writings be respected and eagerly read, and his memory revered.

DR. SENN AS AN OPERATOR.

CARROLL SMITH, M. D.

One who has had the valued privilege of witnessing Nicholas Senn's operations could not help pronouncing him an operator second to none. So far overshadowed is this phase of his remarkable career by his numerous other attainments that he was never spoken of as a great operator. His place in this country as the father of scientific research in surgical pathology and experimental surgery and his ability as a clinician, a diagnostician and a writer concealed the man as an operator. He himself considered the operation as the lesser part of surgery, frequently saying: "Any one can operate, it is the diagnosis;" and this idea was always paramount in his work. He never operated without a diagnosis, except on rare occasions in the legitimate field of exploratory incision, and then only after every available diagnostic means had been exhausted. He spoke more of the reasons for operating than of the technique. Nevertheless he was a master surgeon, able, conscientious, fearless conservative, judicious, resourceful, thorough and with an apparently perfect mechanical ingenuity supported by a technique equally as perfect. Fearless because he never shunned a case, no matter how grave, if he thought surgical interference would relieve suffering or prolong life His constant advice was to not use the knife too frequently, but to exhaust all other safe means before risking a human life to the dangers of a radical operation. His ever present question was: "not how much shall I remove, but how much do I dare to safely leave." He held that: "Surgery is for the patient, to repair, to prolong life, to diminish suffering, and not to demonstrate perfect operations." He placed surgical pathology, diagnosis and prognosis where they belong, ahead of surgical technique. The late Ferdinand Henrotin, Senn's lifelong friend and associate, wrote as follows: "As a practical surgeon his brilliancy is only exceeded by his judgment, and the latter is especially characterized by that rather rare quality of these days, that it is exercised for the utmost benefit of the patient exclusively, irrespective of the personality of the operator." He was resourceful, never at a loss to know what to do in any emergency, under any circumstance. He taught how to make simple splints, how to employ ordinary instruments instead of encouraging the use of expensive and complicated appliances. Thorough, because he studied each case from every standpoint, logically reasoning out his diagnosis with such rapidity that to those unacquainted with his thoroughness it often seemed mere guess work. His operations were carefully planned beforehand, based on a broad knowlege of anatomy, pathology and surgical principles, and executed with a skill and completeness that no one could criticise. His experimental work, accomplished and given to the world only after

careful investigation extending over long periods, always showed deep study and mature thought. One had but to see Senn perform a delicate plastic operation to dispel all doubts as to his mechanical ability and technique. His greatest pleasure was in the operating room, especially if the case was one of extreme difficulty or one in which numerous others had failed; not the pleasure of blood and destruction, but the pleasure of saving life and limb and of restoring happiness. He operated for the love of his profession and for the love of his fellowmen, for the poor equally as conscientiously as for the rich, and seemingly with little thought of substantial remuneration. At the operating table his every move was for a definite purpose and he demanded this same exactness from his assistants. Special and complicated instruments found no place in his hands. The scalpel seemed to be a living part of him; every incision was measured, careful, dexterous and exact. He anticipated every structure to be severed by the stroke. One was not impressed especially by his rapidity but rather by his methodical procedure. Nevertheless he could work with such celerity, if the life of the patient was in grave danger, that the eye could scarcely follow his successive moves.

His early experimental work on abdominal surgery, later carried into practice, made him foremost in this field. His decalcified bone plates for intestinal anastomoses, given to the profession after an astounding number of experiments, revolutionized intestinal surgery and were the forerunners of all modern mechanical intestinal devices. His researches on intestinal perforation, especially by gunshot wounds, in which he introduced the hydrogen gas test, was the work of a master. Surgical tuberculosis was for some time his especial study and he developed and practised many of our modern ideas on the surgical aspect of this condition. His studies on tumors including the first comprehensive writing on the subject in this country, was enough to make him famous. Next to plastic surgery this was probably his favorite operative field.

In military surgery his record was especially brilliant. His contributions to improve first aid on the battle field and his extensive experiments which developed our modern conservative methods in the treatment of bullet wounds commanded the attention of the surgical world. He was especially commended by the adjutant-general of our army for efficient services as chief surgeon of the operative staff in the field during the Spanish-American war.

In plastic surgery he had no equal and this branch was his especial delight. His operations were studied out as carefully as an architect would plan an edifice, on a thorough basis of anatomy and plastic principles and were controlled by a seemingly perfect mechanical eye. His flaps and grafts, after normal contraction, fit as if made from a mould, and rare it was when the result was not ideal.

It has been said that Senn's mortality rate was too high. In view of the fact that a large per cent of his patients were cases of last resort, frequently seeking him only after repeated failures by other surgeons, his death rate was remarkably low. A constant attendant at his clinic for thirteen years never saw a fatal ending on the operating table in a single case. Senn's greater renown was based on work done when he could snatch a little time from his extensive and laborious practice. He did not seem to know how to stop working. Surely he was a living example of the fact that genius is another name for the capacity to work. Botany was his hobby. Hunting, traveling and writing his play. Surgery his passion, his very life.

In the death of Nicholas Senn, the world has lost a rare clinician and teacher, a thorough diagnostician, a master surgeon devoted to his profession, a forceful writer, a deep student, a loyal friend, a moderator in operative surgery, and a tireless worker striving to aid his fellowmen.

DR. SENN AS A WRITER.

GEORGE HOMAN, M. D.

The genius of toil marked Nicholas Senn as its own, even in his early years, and out of much stress and travail of spirit came the written words which will fittingly constitute his monument to the generations yet to come.

In the building of these works, so characteristic of himself as a master-teacher, he brought the truth as he saw it to the forge, and there at white heat beween hammer and anvil tested and tried it in the sight of all the world, holding fast only to that which in the end was found to be good. In the forging and fashioning of his scientific convictions he ever wrought with honest zeal, his blows ringing true, perhaps overlooking at times whatever of flaw in design or finish might at last appear in that upon which his patient and faithful labors were expended.

Toiling, rejoicing, overcoming, he proved by worthy deeds in the workshop of mind and conscience his right to fellowship with that band of hero-souls which our profes-

sion through all the ages has so freely given for the betterment of mankind.

In his more formal works, as well as in wayside notes as he journeyed over the world, his call by word and example was ever to higher and better things among his coworkers in the cause of scientific medicine. The spur to further effort conveyed by his spoken words will be gladly acknowledged by the many who heard him—among them the writer of these lines who has for years borne gratefully in memory a brief remark, uttered on the occasion of a casual meeting, which sounded a note of cheer and helpfulness amid circumstances of much discouragement and, none the less, is this true of his written messages.

The ascription of merit and praise to his chosen calling as being a profession that stands before all others in the value, amplitude, sacrifice, and sacredness, of its services to mankind never failed, and was given eloquent utterance by him alike concerning such crises as the sweeping ravages of famine and plague in Asia, the desolating pestilences of Africa, and the appalling catastrophes of earthquake, epidemic, and conflagration in South America. His writings as a whole give forth light that makes plainer the path of those who would follow truth, while as a beacon it warns away from the reefs and shallows where so many medical barks have been lost.

The logic of right reason, the tenets of a serene faith alike forbid the thought that an intellect so keen, a spirit so ardent, could rest from those labors in which it so delighted. While the outward form is no longer seen, yet true soul and high character, as writ by him on living memories and in the rich outgivings of his intellect, must mold and influence earthly lives so long as noble examples are valued among men.

Let it not be said, therefore, that he is no more but rather this: He has entered into life and his works do follow him.

DR. SENN AS A TEACHER.

W. H. STAUFFER, M. D.

Some one has said that we never really know anything until we can tell some one all about it. Our conception of a teacher depends largely upon our receptive capacity and desire to be instructed. That teacher who helps us to do our best at all times, under all circumstances is our real helper, and does much to shape our lives. This is pre-eminently true in medicine where properly classified knowledge counts for so much.

Dr. Senn early in life was taught to think and act for himself, and to this factor more than any other, can be traced his true greatness. He acquired the habit of concentration of thought, and never tried to do more than one thing at a time. Having completed a task, he at once sought and found new fields to conquer. His familiarity with every department of medicine, and the facility with which he recalled every one of note connected with the origin or development of method or technique, was often a surprise to his students and fellows. His ability as a teacher was much enhanced by his magnetic personality. Like most surgeons of note, he was cognizant of the fact that he was "master of ceremonies," and ready to meet any emergency.

Methods of teaching surgery have changed very much during the last twenty years, and to fully appreciate such a master mind, one must have had the opportunity of seeing his work in the clinical amphitheatre. He never talked to empty seats, and never hesitated for the proper terms to elucidate his subject. He will be remembered as a clinician of the highest type. While not unmindful of pathology as revealed in the laboratory, he was a close observer of the abnormal, as found in the operating room. His large and varied experience in every department of surgery made him a valuable consultant. He always treated his confreres with candor and consideration. He was a student of human life. He knew men and methods. He saw in the created, the Creator; and never failed to impress his students with the responsibility of their high calling. He will be remembered as the man who taught us to think and act; as the master clinician in the operating room, the battle field and the printed volumes of wisdom which emanated from his fertile brain. There is no office higher than that of a teacher of youth, as there is nothing on earth so precious as mind, soul and character.

LACK OF CONCENTRATION.—"Lack of concentration is unquestionably a modern tendency, and a tendency particularly strong in our own country. It could not well be other wise with the immense variety of interesting, stimulating, compelling subjects pressing on the attention of this generation which were practically unknown to our grandfathers. Our minds go from one point to another as swiftly and with as little chance for steady application as our bodies go from place to place by steam and electricity. We do things superficially because we are tempted or forced to do so many."—Woodrow Wilson.

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EDITORIAL

Medical Biographies.

IT is only within the last decade that the St. Louis professon has lost from its number men who tell us of the pioneer days from personal participation therein. The "Old Guard" is a thing of the past, and we have no such picturesque group now. Our older men are still men of great activity who have yet years to spend with us.

The narrative of the "Old Guard" was always interesting, and it is a deplorable fact that but little of it was ever put in print. The recent interest in local and general medical history has emphasized our missed opportunity to get this matter first hand. But it has also emphasized the wisdom of gathering up all the threads connecting us with the past and making thereof as complete a garment as possible. And more, it has made us realize that we are making history from day to day, we will keep a record of the living who are living to the advantage of the profession and the community that future generations may know what able men preceded them.

The FORTNIGHTLY has had under consideration a department of medical biography for some time, the first installment of copy is used in this issue. This interesting feature will be conducted by Dr. W. B. Outten, than whom there is no one more able. The earlier contributions will be devoted to men whose work was completed before a majority of our readers had ever thought of medicine, but it is purposed to continue the series until it has included the men who are now making our profession an honored and able one in the Mississippi Valley. We believe that this will be a feature of great interest to all our readers, but for the few who have not yet developed an interest in biography we offer the assurance that this feature is not going to be allowed to encroach on scientific matter in the slightest, rather the number of reading pages will be increased.

Ocular and Cutaneous Reaction of Tuberculin.

MANY of the pages of the medical journals are now filled with articles on the subject of the ocular and cutaneous reaction of tuberculin. The consensus of opinions seems to be that these reactions are more or less specific, and hence of considerable value in the diagnosticating of tuberculosis.

A careful inquiry into a patient's history and a thorough physical examination will not invariably but will usually bring a capable physician to a correct diagnosis.

These special tests should be considered only in conjunction with the rest of the evidence. The knowledge that the cutaneous or ocular reaction to tuberculin is present or absent is no more important than knowing whether or not the patient has had pulmonary bleeding. The history of a gradual loss of weight, morning cough, blood streaked suptum, and afternoon fever is of far greater importance to the physician than the fact that the tuberculin reaction has been obtained. A word of caution should be sounded. Make the tuberculin test and consider the results as part of the evidence alongside of the findings of a complete physical examination, and of the revelations of a careful inquiry into the present and previous medical history of the patient.

O. H. B.

A New Post Office Ruling.

THE Government's Postoffice Department has lately issued a ruling which concerns a number of our readers and which, while it may appear arbitrary, has its good points. Every subscription periodical has had its troubles in the matter of renewals, some subscribers wish their journal to cease with the end of a subscription period, but a large majority wish a continuation until a definite order to discontinue is made on its initiative. The problem of the publisher will be considerably lessened when subscribers learn that this ruling is in force and that subscriptions end unless definitely renewed from year to year. We quote the following from the recent order, relative to subscribers:

Paragraph 3 Sec. 436, Postal Laws and Regulations: "A reasonable time will be al-

lowed publishers to secure renewals of subscriptions, but unless subscriptions are expressly renewed after the term for which they are paid within the following periods,* they shall not be counted in the legitimate list of subscribers, and copies mailed on account thereof shall not be accepted for mailing at the second-class postage rate of 1 cent a pound, but may be mailed at the transient second-class postage rate of 1 cent for each four ounces or fraction thereof, prepaid by stamps affixed." This means that you must renew your subscription to the FORTNIGHTLY within three months of its expiration if you wish the visits of the journal to continue. At first this will cause some hardship and will occasion misunderstandings, but a postal ruling is made to be obeyed, and it comes from a source which does not invite debate or entertain questionings. Fortunately it does not affect the larger number of our readers, but to those who are "being carried" it is up to you to renew or be dropped.

Another feature of the order affects sampling; samples can be sent to only 10 per cent of the number sent to subscribers; this means that the large body of physicians who have made sample copies of medical journals their sole supply of this class of literature will now have to pay for some one or more journals, or do without.

We are trying to make the FORTNIGHTLY more readable with every issue; our purpose is that it shall be practically scientific and newsy; we want it to reach more doctors, and we believe that it is worth more than it costs, and that it is going to be still better worth taking. We are going to make no effort to get the journal to any one on any condition other than that laid down by the government, and we would suggest attention to the matter of subscription on the part of all who have not already attended to this matter.

The Springfield and Chicago Meetings.

AGAIN we find ourselves in the midst of preparation for the years' chief medical events, plans for the meetings of the State and National Associations seem to come with a rapidity which is little short of shocking, but not so rapidly that there is not an annual necessity of urging increased interest in many quarters. In Missouri our Association has grown with remarkable evenness since the beginning of reorganization from a very small body to one which ranks among the most important in the country, but its growth has not been properly evidenced in its annual assembling, and it is hoped that the May meeting in Springfield may mark the beginning of large attendance and great enthusiasm. Many who failed to find comfortable accommodation at Jefferson City in 1906 hesitated about repeating the experiment in 1907, a fact which played no small part in accounting for last year's attendance. Springfield is a city of such considerable size that there can be no question of accommodation, there must be entire satisfaction in this regard. Taking the Association to Southwest Missouri makes attendance a matter of no short trip for members from considerable sections of the State, but the Frisco and other roads are promising to make every possible concession to us, and to lend every travelling convenience to us, and it is hoped that distance will keep no one from attending. To many Southwest Missouri is an unknown country, and the opportunity to get acquainted with it in connection with the State meeting is most alluring. Members making the trip by way of St. Louis will find cordial welcome in this city; plans are under way to arrange clinics and other scientific entertainment of those who may wish to avail themselves thereof.

And with the A.M.A. meeting in Chicago in June, there is no need of talking enthusiasm, it already exists. St. Louis and Missouri should send such a delegation to Chicago as has never before represented us. It would not be expecting too much to look for 200 from St. Louis alone. The Illinois Central has already signified its willingness to run a special train. The rate while not yet determined will be so low as to make it doubtful economy not to go. This is going to be the most imporant meeting the American Association has never held, and aside from personal interests in the scientific and social opportunities of the occasion the individual members of the Missouri profession should make our showing one which will inspire patrotic pride. Let's "show" Chicago.

THE superintendent of Johns Hopkins Hospital reports that during 1907 there were 4,576 patients in the hospital, 2,137 males and 2,439 femals. At the close of the year there were 231 white patients and 72 colored patients in the hospital. There were 4,859 persons treated, of whom 3,779 were white and 1,080 colored; 1,466 were medical cases, 1,685 surgical, 986 gynecologic and 439 obstetric.

*The period allowed for securing renewals of subscriptions differs, according to frequency of publication. The time allowed weekly publications is one year; SEMI-MONTHLIES, THREE MONTHS; monthlies four months, etc. The amendment goes into effect April 1st.

ST. LOUIS ITEMS.

The Medical Section of the St. Louis Medical Society met on March 14. The following program was presented: "A New Stain for the Diphtheria Bacillus; a Preliminary Report, Dr. W. H. Rush. "Addison's Disease; Report of Cases," Dr. L. H. Hempelman.

The Urologic Section of the St. Louis Medical Society met on the evening of March 17th. Dr. E Jonas read a paper urging prompt use of retrograde catheteization in surgical treatment of impassable stricture of the male urethra. Dr. G. Wiley Broome gave an address on prostatic hypertrophy which was splendidly illustrated by aid of the stereopticon.

Twenty-two Hundred Dollars for X-Ray Burns.—The Circuit Court of St. Charles county assessed a verdict of $2200 against Dr. F. Robert Boyd of St. Louis on the 10th inst. The case showed that Dr. Boyd was treating the patient for membranous colitis of the transverse colon, and in the course of the treatment employed the X-ray from which severe burns resulted. Capable medical expert testimony was used, but the jury was convinced that the plaintiff was injured to an extent justifying the verdict mentioned.

Tuberculosis.—The St. Louis Society for the Relief and Prevention of Tuberculosis has had a bill introduced in the Municipal Assembly providing for the appointment of a commission to investigate and recommend means for the control and elimination of tuberculosis. The bill has already passed the house of delegates, and it is believed the council is favorably disposed toward it. The commission will be composed of nine members, to be appointed by the mayor, who will serve without pay. The only expense will be clerical and incidental, and for that purpose an appropriation of $2,500 is asked. The society arranged with the San Carlos Opera Company to give three performances in their benefit, March 13 and 14, which netted the society a considerable sum.

Affiliation of Scientific Libraries — The Council of the St. Louis Academy of Science has taken the initiative in an effort to get the various scientific organizations of the city to enter into an agreement of reciprocity whereby their libraries will be accessible to the members of all. The various libraries are each lacking in documents and volumes to be found in others, and there is much seemingly usless duplication of expensive works. The plan would work to the advantage of all, but especially to the younger and smaller bodies which have not, as yet, acquired a pretentious library. It is believed that both the Medical Library Association and the Medical Society will be favorable to the plan.

Dr. and Mrs. Horatio H. Spencer are expected to return from Central America at an early date. Dr. Frank L. Henderson is taking a Mediterranean vacation trip. Dr. Henry Wolfner is spending his vacation in Central America. Dr. Henry A. Geitz has returned from Florida. Dr. Rutherford B. H. Gradwohl was thrown from his carriage March 7, in a runaway accident, and painfully injured. Dr. Mary. H. McLean as returned from six weeks spent in the hospitals of Boston, New York and Baltimore. Dr. Carl Barck is recovering from a severe infection of the left hand. Dr. Robt. J. Terry represented Washington University at the Congress of American Medical Colleges which met in Cleveland, March 16, 17. Health Commissioner H. Wheeler Bond has returned from a vacation trip to the South. Dr. Edwin J. Schisler, president of the Fresh Air Mission, was married on the 6th to Mrs. L. Shipley. Drs. E. M. and E. T. Seneney are now officing in the Lister building. Drs. Green, Ewing and Post have removed their office to the Metropolitan building.

Temperance Makes a Good Complexion.—The observance of a few simple rules will enable anyone to acquire a good skin, says the Delineator for January. First about temperance—and does not mean only going without stimulants, but denying yourself indigestible foods. Strong coffee, hot bread and butter and fried things are most destructive to the skin. Then red meat, like beef, is very bad, especially when a complexion is oily. One pretty blonde got all the oily look out of hers in a year, just by giving up red meat. Eat a great many green vegetables and stewed fruits without sugar, for sugar ferments and leads to indigestion.

Mexican Medical Registration.—Owing to the trouble experienced in the past with persons attempting to register themselves as physicians with fraudulent diplomas, the Mexico State Health Department has issued stringent orders, which it is thought will put a stop to such practices. It is now necessary for one holding a diploma to have the signatures and its validity attested before the Secretary of Foreign Relations of the country in which the diploma was issued, in addition to which absolute identification of the party holding the diploma is required. Should his identity not be established to the satisfaction of the Board, it is authorized to have him examined.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

The Pathogenesis and Treatment of Neurasthenia in the Young.—(Willson, Am. Jour. of the Med. Scs., Feb., 1908.)—The object of the author's paper is to direct attention to the fact, at least in the young, every instance of so-called neurasthenia is in the beginning the result of some definite, preventable, and discoverable cause, which if removed in time will admit of a cure of the patient. In one type there may be found a given influence, in another one entirely dissimilar, and in a third and fourth others bearing no resemblance to either of the foregoing. Whatever the type, cerebral, cerebrospinal, sexual, gastric, or circulatory, there is always a definite, conquerable factor that is allowed to acquire control of a mind and body that should never have been yielded up to its power. Willson details four cases of obstinate neurasthenia with recovery following his routine of treatment. It is absolutely essential to win the patient's confidence; then to educate the physical body to do more than it had even done in the way of attaining perfect tone feeling certain that mind and nervous system would follow the body in regaining control and balance. Food is to be given to the limit at regular intervals, but made sure that every gram of nourishment was burned up by exercise in the fresh air. As imperative as any one measure was the thorough, always artificial morning evacuation of the digestive tract. Physical tire was accomplished morning and evening, and real tire, never exhaustion, marked the limit of this feature of the program. As the muscles grew hard and the "second wind" began to appear, the depression and neurasthenia seemed to lessen, until the patient became convinced of the improvement and the possibility of cure. This self-confidence in a real, even if only a minimal, gain appeared in each case to be the beginning of the actual advance. This point won the patient would begin to shoulder his own load, and the task for the physician became easier.

Purulent Cerebrospinal Meningitis Caused by the Typhoid Bacillus without the Usual Intestinal Lesions of Typhoid Fever.—Henry and Rosenberger's (Am. Jour. of the Med. Ssc., Feb., 1908) case is unusual because of presenting a purulent lesion caused by typhoid bacilli, and because the absence of the customary intestinal lesions of typhoid. The patient died on the ninth day of this illness and the autopsy showed that beyond a very little enlargement of the mesenteric glands and a slight change in Peyer's patches, which change might easily be counted for by the enteritis which was present, the patient showed no typical typhoid lesions. A bacillus in pure culture, which seems fairly identified as the bacillus of Eberth, was isolated from the blood and spinal fluid, from spreads and inoculations from the pus upon the brain, and was found in sections made from the cord and cerebellum.

Body Lice in the Transmission of Relapsing Fever.—Moskie (Brit. Med. Jour., Dec. 14, 1907) relates an epidemic in which the body louse seemed to be the offending agent. His paper is summarized as follows: 1. An epidemic of relapsing fever broke out in a mixed settlement of boys and girls living under similar conditions. 2. A very high percentage of the boys fell victims to the disease in the course of a few weeks. 3. A much smaller percentage of girls fell ill and at infrequent intervals extending over three months. 4 The most notable factor in which the boys differed from the girls was that they were infested with body lice, from which parasite the girls were almost free. 5. A well-marked percentage of the lice taken from the infected ward contained living and multiplying spirilla. 6. The stomach of the louse was the chief seat of multiplication, and this was carried on in the face of active digestion and after the disappearance of all other cellular elements. Other organs became secondarily infected. The secretion expressed from the mouth of infected lice contained numbers of living spirilla, and they also existed in greater or less numbers in the upper alimentary tract. The ovary was frequently infected, but spirilla were not found in deposited ova. 7. With the increase of the epidemic amongst the girls, body ice became more in evidence. 8. With the subsidence of the epidemic amongst the boys the percentage of infected lice fell. 9. An attempt to infect a monkey by means of lice failed.

The Value of Cystodiagnosis in Practical Medicine.—Sawyer (Lancet, Feb. 1, 1908) details the technic and discusses at length the value of determining the different cellular elements in serous effusions or cerebrospinal fluid in diagnosis. The following are his conclusions: 1. A large number of small lymphocytes, ranging from 59 to 100 per cent, in cerebrospinal, pleuritic or ascitic fluid, indicates that the exudation is due to an irritative process, and not to an acute inflammatory condition—effusions of tuberculous origin, for instance. The absence of the

tubercle bacillus in the film from pleuritic effusion would not exclude the tuberculous oirgin of the disease, but the absence of lymphocytosis would. The presence of an approximately equal number of small lymphocytes and polymorphonuclears in a pleuritic fluid may cause difficulty, but if he lymphocytes are numerous the condition is probably tuberculous, the number of polymorphonuclear cells probably being due to extremely acute onset or to secondary infection. High percentage of small lymphocytes in the cerebrospinal fluid of a child probably means tuberculous meningitis, but it is also found in locomotor ataxia and any syphilitic disease of the meninges. Sawyer also suggests that cerebral tumors may be similarly diagnosticated, lymphocytosis suggesting a tuberculous or syphilitic tumor as distinguished from other forms. 2. An excess of polymorphonuclear cells in any serous fluid, ranging from 64 to 97 per cent, points to its being of an acute inflammatory origin. These cells can only have be derived from the blood, by diapedesis through the vessel walls, so that effusions of acute inflammatory origin contain a large percentage of polymorphonuclears. 3. A large percentage of endothelial cells indicates that the effusion is mechanical in origin. The highest count made was 98.8 per cent. By mechanical effusion is meant one occurring in serous cavities as part of general edema, or in the peritoneal cavity from portal obstruction. 4. Effusions due to malignant disease can readily be diagnosed by cytologic methods alone, but when such condition is suspected the predominance of endothelial cells would greatly support that view.

A Method of Obtaining Cultures from Human Blood.—Schradieck (Am. Jour. of the Med. Scs., Dec., 1907) suggests an inexpensive and satisfactory method of withdrawing blood for bacteriological purposes: A common test tube, such as is used for bacteriological work, is drawn out and bent in the flame of the Bunsen burner until it assumes a semi-U shape. It may be drawn out to a sharp point which is sealed in the flame, the open end being closed by means of a plug of absorbent cotton. The tube may contain about 20 c.c. It is sterilized, and immediately before using the sharp point is broken with a file so as to obtain an oval opening wide enough to allow the blood to enter without difficulty. The blood is drawn by means of a wide, sharp-pointed infusion needle as is used for hypodermoclysis, the needle being pushed through the previously well cleansed and disinfected skin into the median cephalic or basilic vein. The pressure within the vein is artificially increased by turning a towel round the arm and thus compressing the brachial vein. The blood readily enters the infusion needle, which should have been previously attached to the test tube by means of a short piece of well boiled and sterilized rubber tubing. About 10 to 15c.c. of blood may be drawn in this way. When the blood level within the tube is about one-half inch below the cotton plug the towel compressing the brachial vein should be released and the needle withdrawn. The thumb of the right hand pressing against the open mouth of the tube above the sterile cotton filter retains the blood by air pressure. The rubber attachment should be removed and the blood immediately distributed into five or six tubes containing liquefied plain agar or glycerin-agar of a temperature of 44 deg. C., and thoroughly mixed with it by rapidly twisting the tubes between the hands. The mixture then should be put into Petri dishes before the agar solidifies, and the blood culture transferred to the thermostat as quickly as possible.

TUBERCULOSIS.

O. H. BROWN, M. D.

Cutaneous and Ocular Reaction to Tuberculin.—In Decemer 24th, 1907, issue of Münchener medizinsche Wochenschrifte, Mainini reports that he has made the cutaneous test in 208 cases, and the ocular test in 100 cases of tuberculosis. He does not believe that the local reaction is absolutely specific, but he says it occurs with remarkable constancy in cases which certainly have the disease. In applying the tests to suspected tuberculous cases he found that the cutaneous reaction was six times more likely to occur than the ocular reaction. He suggests that the ocular reaction may occur only in active tuberculosis, whereas he cutaneous reaction is induced by active and by latent tuberculosis. The author states that Wiens and Günther warn that the ocular reaction may produce bad results. In fact they had swelling and suppuration of a chronic conjunctivitis resulting in several cases. In certain instances these symptoms prevailed for months afterward. It seems that the presence of any previous conjunctivitis is a contraindication for the application of the ocular test.

Improved Carbolic Fuchsin Stain for Tubercle Bacilli.—Dr. R. O. Le Baron, of Portsmouth, Ohio, in Jour. A. M. A., December 31st, 1907, says that a stain made by saturating 97 per cent methyl alcohol with fuchsin and adding 5 per cent carbolic acid, wil stain tubercle bacilli in sputum in four min

utes without employing heat. The methyl alcohol acts as a fixer for the sputum. The remainder of the technique is carried out in the usual manner.

Car Conductors as Disseminators of Tuberculosis.—Dr. A. F. Hess, of New York (Jour. A. M. A., Jan. 11th, 1908), found that a smear made from a transfer taken from a pad that the conductor held in his mouth revealed tubercle bacilli. The conductor gave signs of being tubercular. Dr. Hess recommends, (a) medical supervision of the conductors; (b) a rule prohibiting the use of the mouth for holding of transfers (and coins); (c) the employment of a chain for swinging the transfer pad.

Tubercle Bacilli in the Feces.—Rosenberger (in American Journal of Medical Sciences for December) states that he has not been able to find other acid fast bacilli in feces than the tubercle bacilli. He says that tubercle bacilli may be present in the feces when an active focus exists in the lungs or in the alimentary canal, and that they are always present in a general acute miliary tuberculosis. Feces examination for the bacilli should be the routine in the examination of a case of tuberculosis.

The Ocular Reaction to Tuberculin.—After reviewing the previous work of French investigators, F. Smithies and R. E. Walker, Ann Arbor, Mich. (Jour. A. M. A., January 25), point out the possible explanations of the discrepancies in some of the results obtained with Calmette's reaction, such, for instance, as the possible failures of technic, the possible variations in the tuberculin used, the difficulties of diagnosis in certain cases, the lack of uniform standards for estimating the occurrence or severity of the ocular reaction and, lastly, the possibility of still unknown conditions that might prevent the reaction in tuberculous cases or favor it in non-tuberculous ones. They then describe their own methods with a stable and, as it was shown by experience, dependable preparation of tuberculin obtained through the experimental department of Parke, Davis & Co. Two hundred and seventy-three instillations were made on 242 individuals, including normal individuals as well as cases from practically all services in the University Hospital at Ann Arbor. In 39 cases a positive reaction was obtained. In all but 10 there was a previous clinical diagnosis of tuberculosis. In no case of active tuberculosis, pulmonary or otherwise, was there a negative reaction observed. In the 10 cases not clinically diagnosed tuberculous, 3 gave a history of earlier tuberculous processes. One of the remaining 7 was suspected of being syphilitic, the others were poorly nourished patients, clinically, hypospadias, hernia, tertiary syphilis, melancholia, clubbed feet (2) and chronic meninigits. In but one was the reaction marked. Five cases gave a doubtful reaction, and there were 198 negative reactions; 126 of these individuals were hospital patients suffering from at least one ailment, but none of them suspected to be tuberculous. Of the 76 apparently normal individuals of both sexes, only 2 reacted. Inquiry developed in one of these a history of an old tuberculous knee (here the reaction was very slight and fleeting), and in the other the history and the physical findings were suspicious. Among the 198 negatively reacting cases there were 6 which had been clinically diagnosed as tuberculous, but in only one of these was there any reason to suspect an active process, and in this one even a third instillation of tuberculin was very ineffective. The various types of the reaction, from the very slight temporary reddening to the severe conjunctivitis, are described in detail. In very advanced cases of pulmonary tuberculosis and acute miliary tuberculosis the reaction may fail. In discussing the cause, the authors offer the following hypothesis: "The inflammatory changes in the eyes of tuberculous individuals following the instillation of tuberculous suspensions is due to the slight stimulation of the hypersensitive cells forming productive substances with the production of antibodies. These antibodies so produced, by acting on the tubercle bacilli or fragments of such enmeshed in the conjunctiva liberate endotoxins which are capable of producing the inflammatory changes observed." They consider the reaction a valuable one in the diagnosis of tuberculosis, and that when positive reaction follows promptly on the first instillation a diagnosis of tuberculosis is reasonably certain. This does not necessarily imply an active process, though the evidence points that way. A thorough examination of the suspected focus should follow and in all suspicious cases failing to respond to one instillation the tuberculin should be instilled from two to five times and careful examinations, local and general, made after each instillation. None of the reactions, ocular, cutaneous or subcutaneous, can supplant thorough examination of the patient from every viewpoint. They are all confirmatory, and the authors think that the ocular reaction will probably prove as valuable as any. Its convenience and rapidity of action certainly commend it.

Subscribe for the MEDICAL FORTNIGHTLY.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The semi-annual meeting of this association was held in Lincoln, Neb., March 19-20, under the presidency of Dr. W. F. Milroy of Omaha. Considered from a scientific standpoint, this session was one of the best held in recent years, and while the attendance was not so large as usual, the character of the papers and discussions fully repaid those who made the trip to Lincoln. The address in Medicine by Dr. C. H. Hughes, of St. Louis, was a feature of the first day's session, and was well received. His theme was "Psychiatry and Neuriatry in the Consulting Room, Sick Room and Court; and the Treatment of the Entire Patient in Medical Practice."

The evening session, which was most enjoyable and entertaining, was held in the College of Medicine of the State University, under the direction of the Lincoln Pathological Club, consisting of a series of demonstrations of a clinical character, illustrated by stereopticon views, and by experiments upon dogs, representative of the present day laboratory methods of teaching. After the evening session, a smoker was given in honor of the visitors at the Lindell Hotel, which proved a happy social event. Papers were read by the following named:

C. B. Hardin, Kansas City, "The Pathological Possibilities of an Unrepaired Cervix Uteri and When it Should be Sutured After Laceration."

Walter L. Bierring, Iowa City, "The Classification and Treatment of the Anemias."

H. Winnett Orr, Lincoln, "Causes and Treatment of Painful Affections of the Feet."

Jno. E. Summers, Jr., "The Lines of Surgical Attack in the Treatment of Tumors of the Throat, with Especial Reference to Malignant Diseases of the Tonsils.

J. P. Lord, Omaha, "Some Suggestions in Treatment of Fractures of the Leg."

D. T. Quigley, North Platte, Neb., "The Value of the Sphygmomanometer to the General Practitioner and Surgeon."

John M. Bell, St. Joseph, "Ulcer: Gastric and Duodenal."

A. J. McKinnon, Lincoln, Neb., "The Surgical Treatment of Hemorrhage from Ulcer of the Stomach."

J. R. Pennington, Chicago, "The Sigmoidal Factor in Pelvic Diseases."

R. D. Mason, Omaha, "Prutritus Ani; its Cause and Treatment, with Especial Reference to the Use of Roentgen Rays."

Palmer Findley, Omaha, Remote Consequences of the Removal of the Uterus.

O. B. Campbell, St. Joseph, Pseudomyxoma Peritonei; Report of Case.

Albert I. Bouffleur, "Surgical Treament of Exophthalmic Goitre."

J. Phillip Kancky, Kansas City, Morphea."

L. Harrison Mettler, Chicago, "The Relation of Eye Strain to the Psychoneuroses."

Joseph M. Aikin, Omaha, "Paranoia."

Bertram W. Sippy, Chicago, "Spasmodic Stricture of the Esophagus."

E. T. Shelly, Atchison, "Who's Who?"

Abstracts of a number of these papers will appear in the MEDICAL FORTNIGHTLY.

WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Seventeenth Annual Meeting, held in St. Louis, December 30-31, 1907.

(Continued from page 138.)

Diagnosis of Appendicitis with Pelvic Disease.

Dr. A. E. Benjamin, Minneapolis, said that any inflammatory disease within the abdomen primarily involving one organ may from continuity or contiguity result in other tissues or organs being involved. The character of the disease, the variety of each form of disease, the number of organs involved, the associated displacement of organs, the temperament, environment, and avocation of the individual sufferer, are all factors to be considered in summing up the case. A careful personal history, a thorough physical examination of the individual, with the aid of chemical and bacteriologic investigation, and a searching examination with all the apparatus at command, i.e., cystoscope, proctoscope, microscope, and X-ray, will clear up the majority of cases. In certain cases, if no positive diagnosis can be made, there may be clear indications for operative interference to cure the disease. In complicated cases a thorough search through a proper sized opening should be made to terminate the symptoms complained of, and a record of all findings for future reference.

Lymphatic and Portal Infections Following Appendicitis.

Dr. Roland Hill, St. Louis, reported a case illustrating these infections, and said that in the present age of surgical knowledge we are almost absolutely helpless in the presence of some of the severe forms of infections when the infecting organism has once passed into the general circulation.

Extrauterine and Intrauterine Pregnancy.

Dr. D. C. Brockman, Ottumwa, Iowa, reported the case of a woman five months pregnant, with extrauterine and intrauterine pregnancy. An attempt was made to remove the ectopic sac by abdominal section, but the parts were so vascular that he was obliged to desist. Furthermore, the patient was so debilitated from vomiting that he did nothing further. But in ten days he opened the sac from below, removed the fetus, and packed the cavity with gauze, intending to remove the placenta later. Uterine hemorrhage and pains occurred on the third day, and the woman died two days later from hemorrhage.

Sexual Perversion Accompanying Prostatic Hypertrophy.

Dr. J. F. Percy, Galesburg, Ill., believes that the old prostatic, who shows aberrant sexual activity, is in a large proportion of cases suffering from a psychosis rather than senile dementia, to which the symptoms are usually attributed. Under the influence of the irritation from his enlarged prostate, he may commit all forms of sexual crime, and after removal of his prostate his functional sexual aberration disappears and he remains cured. This phase of the diseased prostate opens up the possibility of a more rational study of the pelvic environment of the prostate gland in the sexual perverts among men, old and young. Many old prostatics are in insane asylums, many of them are in the government and state soldiers'homes,as well as in the various county almshouses. The strain of sexual excesses from early life until old age, the intimate connection maintained between the prostate gland and the sympathetic and the cerebrospinal nerves, the unknown secretory functions of the prostate gland along physiologic lines, these all make prominent the fact that with the hypertrophied prostate can be had a class of symptoms referable to the sexual system, where the mental life of the sufferer carries him close to the border where insanity has its dominion, and which can be corrected by the aid of surgery.

Other Papers Read.

The following papers were also read: "Hydrocephalus, Its Surgical Management," by Dr. William Jepson of Sioux City, Ia.; "Sarcoma of the Liver," by Dr. Van Buren Knott of Sioux City, Ia.; "The Diagnosis and Treatment of extrauterine Pregnancy, with Report of a Case," by Dr. George C. Barton of Minneapolis; "Intestinal Obstruction," by Dr. B. M. Ricketts, Cincinnati.

Dr. D. C. Brockman, of Ottumwa, Iowa, was elected president of the Southwestern Iowa Medical Association, At Creston, on February 20.

Societe de Pathologie Exotique is the name of a new medical society which has just been organized in Paris which will meet at the Pasteur Institute. The principal object of the society will be the study of tropical diseases in man and animals, and the sanitary measures that will best prevent the spread of epidemics of disease of exotic origin. Dr. Laveran is the president of the society.

Dr. Curran Pope Honored.—We are pleased to learn that Dr Curran Pope, professor of Physio-Therapy in the Kentucky School of Medicine, and an occasional contributor to the Fortnightly, has been appointed President of the Section on Hydrologie and Climatology of the next, or Third International Congress of Physio-Therapy that meets in Paris in 1909. This appointment came as a result of the scientific work he has done in this department of medicine, especially hydrotherapy. Dr. Pope was recently elected President of the American Physio-Therapeutic Association at its last meeting at French Lick Springs.

Entertainment For Women Physicians Attending the Chicago Meeting of the American Medical Association.—The Women's Alumnae Committee, the Women's Medical Society of the State of Illinois, and the Women's Medical Club of Chicago, announce that a banquet and entertainment will be given on the evening of June 2d, to which all women physicians who are in Chicago at that time are cordialy invited. Each of the organizations desire to entertain visitors, but as the session is very short they have decided to join forces. At the banquet a special feature will be the reunions of the alumnae of the different colleges. The College Club in the Fine Arts Building, Michigan avenue, will be at the disposal of the women physicians exclusively during the meeting.

Used in Habitual Constipation with Dry Stools.—

℞ Ext. bryoniae fl., f℥j.
Ext. rhamni purshianae fl. f℥iss.
Tinc. lobeliae, f℥iv.
Ext. glycyrrhizae fl., f℥j.

M. Sig.: Teaspoonful at bedtime.

Indications.—Used in habitual constipation with dry stools.—New England Medical Monthly.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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The Medical Fortnightly will not be discontinued at expiration of subscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

GRANULATED DRY BEEF FIBRE.—Some time since it as our privilege to announce the placing on the market of a food for invalids and the sick for which much was expected and much claimed. Under the name Meatox a dry granulated beef fibre was presented which was shown by repeated chemical analysis to contain from 74 to 82 per cent of assimilable protein. Of the claims that it would be found acceptable to stomachs which reject other food and that it solved the question of nourishment in many difficult cases, has now been demonstrated to our satisfaction and the satisfaction of the patients to whom it is administered. We feel that this food will win the enthusiastic approval of every physician who once tries it in a case where feeding has become a serious problem.

DR. O'DAY, of Oil City, says there are too many kidneys anchored. If there is any one particular surgical procedure which calls for conservatism, it is this tampering with loose kidneys.—Pennsylvania Medical Journal.

ABILENA.—A few years ago in the State of Kansas, near the little town of Abilene, a well was found that yields a most remarkable flow of concentrated saline water. Upon analysis it was shown that each pound of this water contains over 400 grains of sodium sulphate, with smaller quantities of magnesium and calcium sulphates, sodium chloride, sodium and calcium bicarbonates, and minute proportions of iron, silicic acid, and sodium nitrate. Manifestly here was a valuable therapeutic agent fresh from Nature's laboratory, efficient purgative and diuretic. Steps were at once taken to put the water on the market. It was christened Abilena, in honor of the town near which the well was found, and soon it began to find favor with the medical profession. Parke, Davis & Co. were then made sole sales agents, and Abilena was advertised in medical periodicals. This in brief is the history of a superior purgative water, the only natural American product of its kind so far as is now known.

THE BATTLE CREEK SANITARIUM SYSTEM.—Although Battle Creek has been for years the Mecca toward which multitudes of the sick make their way, and has been the place of rest and recuperation for a vast number of physicians there are still many of us who have a very indistinct idea of the immensity of the project and the effectiveness of the work being done there. A brochure giving a detailed history of the system up to its present wonderful development has lately fallen in our hands and has filled us with a desire to enjoy the privileges of the institution for a time. The brochure is so elaborately gotten up that we feel that it could hardly have been indeed intended for general distribution, yet we think that it would certainly be sent to physicians who are sufficiently interested to apply for it. To attempt to tell what it contains would mean its reproduction; every page is full of interesting facts which cannot be successfully condensed further, and the illustration plays no small part. The physician will gain from it many ideas which may be effectively applied at home and he will at the same time be moved to be one of the pilgrims moving Battle Creekwards presently.